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The Future[1]

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BEFORE the immensities of this title one may, I trust, be pardoned for faltering, and for taking the liberty of modifying it to something of a less venturesome nature; to an attempt instead to consider briefly the educational foundations we are making for the future of nursing.

"The Communion of Saints," says our most modern of philosophers, Alfred Whitehead,

> is a great and inspiring assemblage, but it has only one possible meeting place, and that is in the present. The present contains all that there is. It is holy ground, for it is the past and it is the future.[1]

The present does indeed seem "holy ground" as we gather in this city of memories; a city whose archives preserve, and whose beautiful statues enshrine the story of the heroic deeds nearly three centuries ago of Jeanne Mance, the founder and first nurse of the Hotel Dieu; a city which has watched the endless throng of devoted women, long of one faith, now of many faiths, who have followed where she led the way. We can still catch the glow of the flame which inspired them in the generous lives and labors of the nurses of today.

[1] "The Aims of Education," Alfred North Whitehead, p. 4. The Macmillan Company, 1929.

The rise of nursing is one of the great movements of a great period in history. It began when, nearly seventy years ago, the idea was set free in the world that knowledge and training were essential in the care of the sick. Notable in itself, as designed to revolutionize the age-old task of nursing, not merely by advancing new ideas about it, but by setting in motion a system of training through which these ideas could be put into effect, the event becomes momentous when seen in its true perspective as an advance which was to release the energies of women in widely fruitful directions, and lead the way to many new opportunities for them. "You have started them. There will be a woman in the Cabinet in 1930," says Lord Palmerston to Florence Nightingale, in the delightful play about her by Reginald Berkeley, now appearing in London. It is called "The Lady with a Lamp."

Behind Florence Nightingale's conviction that nursing is an art requiring careful training based upon scientific knowledge, was the driving force of a constructive imagination and of administrative genius. Behind it was a plan, a workable plan, through which the idea took on form and substance and grew and spread, until now it is found in nearly every part of the

civilised world in the modern profession of nursing.

This Congress of the International Council of Nurses, with representatives from forty countries, is in itself evidence of the growth and vitality of the profession, and we deeply regret that the brilliant founder of the Council, Mrs. Bedford Fenwick, is not here to see the results of her handiwork,—the living, growing unity of nursing which caught her vision many years ago; to see how, one after another, many of the reforms and advances which she envisaged, and for which she so vigorously strove, have been brought about.

A study of the past can tell us a good deal about how we have reached our present stage of growth and development, and it is easy to trace in various phases of these, throughout the years, the ideas and efforts of those among our predecessors who were constantly searching for better ways, and constantly laboring to bring them into being.

And we can almost as easily trace, too, the results in the present of those who have avoided all such effort. There is an old Latin proverb which says, "He who is silent, consents," and these have consented. There are others, too, who, satisfied with existing conditions, have striven to preserve and perpetuate them. I do not, of course, need to mention that the latter is the more common point of view and that by far the larger number of people dislike change heartily, and will often work hard to prevent it. Quite familiar in our present is the old cry of Hezekiah: "Let not the evil come in my time, O Lord."

In trying to see what kind of a future is in the making for nursing and for nurses, we shall need not only to know existing conditions, but to know also something of conditions in the past, in order to understand the nature of the influences which have shaped the present. Let me pause here to say that while the subject in its elements is of the gravest importance in the development of nursing anywhere, I must necessarily limit my discussion to the conditions in the United States with which I am most familiar.

A distinguished educator thus describes three successive stages of growth through which the professions usually pass: The first stage is *expansion*—more schools, more students. This makes inevitable the second stage, that of *standardization*—set up standards and enforce them as far as you can. Then follows the period of *criticism*—the educational effort must justify itself by its results. Nursing is still expanding, still trying to create its standards, and is very much engaged in critical study and analysis of its work and educational system. But before there was any professional education, there was the still earlier stage of *apprenticeship*. This still exists widely in nursing though not elsewhere, and nursing is therefore peculiar in that it seems to be struggling along in all four stages of growth simultaneously.

The writer describes nursing aptly as an *emerging* profession—unquestionably professional on its highest level, but not completely so on its lowest.[1]

For some obscure reason this picture of nursing affords me a good deal of satisfaction. Perhaps the fact that we are struggling along in all the stages at once may explain some of the surprising contradictions that appear whenever one attempts to show the progress of nursing. That substantial gains have been made in the education of nurses is evident when we compare

[1] "Problems of Professional Education," Samuel P. Capen, Ph.D., *American Journal of Nursing*, October, 1923, p. 1024.

the present with the past. It is only when we compare nursing educationally with the other professions that we see how far behind them we are in certain important ways, and what a vast amount of work is still ahead of us waiting to be done. One is impressed not more by what has been changed than by what has remained unchanged.

It is necessary, however, to remember that nursing is a calling in which tradition has always been a peculiarly powerful influence, richly stimulating in certain ways, but given to the forging of chains in others as, for instance, in setting up poverty, obedience and self-immolation as ideals in themselves; and it is important also to keep steadily in mind that nursing is a work almost entirely performed by women, in most countries, and that advancement has not always been made easy for them.

Let us glance at the picture which nursing presents today. It is an impressive one in numbers; there are hundreds of thousands of nurses in the working world, and they form, next to teachers, it is said, the largest existing body of professional women. Impressive also is their field of work; the vast ranges of human effort concerned with the relief of suffering, the care of the sick, and with the protection of health among the people. This vital field is so varied, so continuously expanding, that at times it seems almost to defy limitation.

Hospitals in great number take the first place here, numerous and diversified in large cities, provided in most towns, appearing in rural communities, and increasing apparently everywhere.

The complex mechanism of the modern hospital cannot move without an organized body of nurses. To carry on its unceasing activities they must be here, there, everywhere—at the bedside, in the operating room, in clinic, in laboratory. There are those who nurse, those who supervise nurses, and others who are responsible for the direction of all nursing in every department of the hospital, day and night; the hospital, indeed, seems to belong to this body of nurses—to be its natural home. In many hospitals this nursing service is also a school for the training of nurses; the duties just outlined are performed by student nurses, the supervisors are their teachers and the superintendent of nurses combines her executive task in the hospital with the administration of the school and assumes the educational duties which it involves.

I know of no way of presenting adequately the difficulties inherent in this combination of tasks, so widely differing in nature, without seeming extravagant. The theory being that the hospital and the school are one, and that their needs are virtually identical, the practical problem is to make the facts in the situation square with the theory. And since the purposes and functions of hospital and school are in reality of a fundamentally different nature, the attempt to do this sets up naturally a perpetual conflict of interests and loyalties.

The task of endeavoring to harmonize these into a justly ordered scheme, protecting equally the sick in the hospital and the students in the school, falls upon the single individual who directs both the school and the hospital nursing service. No one will doubt her need of extraordinary qualities and qualifications.

By far, however, the larger number of sick people are not cared for in hospitals—they must be nursed in their own homes; and since no two households or individuals are alike in their needs or demands, since the crisis of

sickness sets up in each troubled domain its own special requirements, it is inevitable that this sphere of nursing should be peculiarly exacting. It is an important and difficult field of ill-defined duties and responsibilities and of delicate personal adjustments. It calls for the judgment that comes from knowledge, and for the sympathy born of understanding. More than half of all nurses, it is said, are engaged in this work of private nursing in families.

The early idea of nursing was the care of the sick, but Florence Nightingale had a different conception of the meaning of the word, and pointed out that there were nurses of the sick and nurses of health, and today it is recognised that the growth of the public health movement has become dependent, in essential ways, upon the activities of such workers, now called public health nurses. Their energies are centered mainly in efforts to prevent sickness, to detect disease in its incipient stages, to bring it under medical care at a time when it may be controlled, and their tasks call them to such points in the social structure as offer the largest promise of fruitful results. They are thus occupied in thousands, and their lines of work are interwoven between homes, public schools, clinics, factories and shops, and in increasing numbers in the health departments of city and state.

This meagre presentation of the field of nursing does little more than barely outline the three main branches of work in which nurses are now universally engaged; and as we consider the seriousness of their nature, the unusual and varied conditions under which they are carried on, the responsibilities they involve, and the amount of knowledge and understanding required, we are impressed anew with the extraordinarily difficult problem which the educational preparation of such a body of workers presents. It has always been and is today, the great problem in nursing.

Up to a recent period the only preparation available in most countries for any branch of nursing was that provided in hospital training schools, and this is still all that most nurses can obtain. There are, however, certain nursing schools conducted under independent auspices, of which noteworthy examples are found in France and Italy, but these are few in number.

But hospital schools exist in thousands, there are well over two thousand in the United States alone—and they are still rapidly increasing in number.

They represent an established system in which the essential characteristics are alike throughout in each institution, a system which places schools of nursing in the position of hospital departments, responsible for the conduct of all nursing activities. The educational ideals of these schools are shaped to conform with such hospital activities, and their growth and development are, in the main, restricted to the opportunities lying within the spheres of the hospitals with which they are connected, or with other hospitals of special types.

After fifty years of continuous experiment with this educational system, we are, I think, in a position to come to some correct conclusions about it, to determine how far it is answering the needs of the present day.

That the close connection of nursing schools with hospitals is indispensable in the training of nurses may be taken for granted; we can see no rational scheme for the education of nurses in which hospital training would be any less essential or important than it is today. We would, in fact, make it

more important; but we can also see that long before this there should have been proper safeguards erected to protect nursing schools from the complete subjection to hospitals into which they have fallen; from becoming the proprietary schools which they now are, almost universally.

The chancellor of a prominent American university, in a recent discussion of the education of nurses, pointed out that nursing exhibits the only profession left in which the student is looked upon as a source of profit. Inherent in the system that permits this, lie almost measureless possibilities of exploiting student nurses in the service of the hospital; the only check upon this must come from the conscience of the individuals directing their activities; the system itself provides none.

But people transcend the systems they create, and in the hands of women of exceptional ability, courage, and devotion, and under the better and more generous type of hospital administration, schools of nursing have slowly been brought to a notable point of efficiency. The needs of hospitals have been unfailingly met, and the public provided with an ever-increasing number of nurses of a high level of skill and competence. Moreover, in a good many schools a fine spirit of idealism has prevailed. Time does not permit me to review the long struggle of these women to build up in their schools a satisfactory system for the education of nurses; to establish suitable standards of fitness for admission; to work out and maintain adequate courses of instruction; to secure funds for the payment of teachers and lecturers; to shorten the hours of duty for students in the hospital; and to reduce for them the burden of unsuitable and educationally unprofitable tasks. I can only repeat that the progress made under the conditions has been remarkable. At the close of its long and searching study, the Committee on Nursing Education, in the most important report ever made on the subject, could only say:

> It is a progress made in the face of indifference, negligence, and of active opposition from those who should have been the first to encourage it . . . a progress moving squarely against the vested interests of hospitals long in control of the destinies of nursing education.

A justifiable expedient perhaps of early days, in keeping with the conditions and needs of the times, this system has survived for over a half century, and still lives in an era with which it is strangely out of harmony. In all this long period no change in the position of the nursing school in the hospital has ever been effected. It is still without independent life of its own, without funds, with little freedom to initiate or change educational policies or methods, and burdened with heavy responsibilities and routine duties in the service of the hospital. As the medical director of one of our leading hospitals said to me, recently, "The school of nursing is the backbone of the hospital." To paraphrase Strachey: "The string by which the school is tied is sometimes long; but it is always tied." Confronted with new problems in the education of nurses whose widening fields of work made new demands upon their knowledge and capacities, our schools have, for the most part, found themselves powerless to make the necessary readjustment of ideas and methods. An interesting example of this is seen in their failure to develop an adequate scheme for the preparation of public health nurses.

It has long been recognized that a system so fundamentally wrong in principle should not endure, and for

years the subject has been the theme of discussion and controversy. Much has been said to show the necessity of securing for this large, active and rapidly growing profession, freedom to develop its schools in conformity with the changing requirements in an ever-changing world. To those who have given the most serious study to the question, it has become increasingly clear that such freedom could only be gained by separating the school from the hospital, and transforming it into an institution concerned wholly with the education of nurses and provided with the form of government and resources which would best enable it to carry out that purpose. But the practical advantages of retaining the existing relationship of nursing school to hospital have proved so great, and the practical difficulties in the way of creating and maintaining independent schools have seemed so insurmountable, that progress has been slow.

Nevertheless, progress in this direction has been made. Gradually a new element has entered into the situation which has resulted in a coöperation between schools of nursing and other educational institutions, and has brought to the education of nurses certain necessary resources and facilities which hospitals could not provide.

Early traces of such coöperation appear in the efforts, years ago, to secure for student nurses some elementary instruction in the sciences as a foundation for the later hospital training. The early "preliminary courses" were provided in institutions entirely unconnected with hospitals. But the first strong impetus in this direction came from an effort, some years ago, by a group of superintendents of nursing schools to prepare themselves for their educational responsibilities. Though they were all teaching or directing teaching, few of them had any preparation for such work, and they sought and obtained opportunities for the needed further study, in a well known college for teachers of a great university.

A few years later another great forward stride was made, and a school of nursing was established in an important state university on the same basis as other professional schools, with the creation of a special degree for its graduates.

These mark the first stages of the new movement in the education of nurses, which has brought it within the realm of university activity and is awakening much general educational interest. It has opened up for nurses the wealth of intellectual opportunity long freely open to students of many other professions and occupations; for those who would be doctors, dentists, pharmacists, for engineers of many types, for teachers, social workers and business men or women. While the movement began in this country, and has reached a stage of considerable importance both in the United States and Canada, it has extended into other countries where certain promising beginnings are being made.

The relationships through which universities and colleges are combining in the education of nurses are of different types, ranging from the independent, endowed nursing schools of which Yale and Western Reserve University afford conspicuous examples, and the endowed graduate department of Teachers College, Columbia University, to affiliations of various kinds through which nursing schools may gain for their students opportunities to secure through properly equipped teachers, laboratories, libraries, the needed knowledge. These affiliations include not only universities and colleges, but such other educational institutions as

may be able to coöperate satisfactorily.

Already the vitalizing influences of these new relationships upon the education of nurses are seen in many ways. By far the most important, of course, appear in the larger number of more highly qualified women entering our schools; they appear further in the whole range, scope and character of the instruction offered; in the larger significance given to the entire scheme of hospital activities, and the new meanings they take on. The conditions of student-training are improved, there is a different kind of supervision; hours of hospital duty for students are shorter, and more graduate nurses are provided to make this possible. It is of the advances in this respect, made in a university school, that its director can write, "Our school is really supplementary to the nursing staff."

The coöperation of the university with the hospital makes easily possible the opening up of a whole new field of postgraduate training, hitherto educationally undeveloped, in the special branches of nursing, in which highly trained workers are so sorely needed.

Finally, and of the utmost importance, is the influence exerted on the public mind. People are taking more interest in the educational needs of nurses. All substantial endowments for these have, I believe, been given to schools of nursing connected with universities.

"The task of the university," says Whitehead, "is to weld together imagination and experience."[3] Its combination with the hospital in the education of nurses seems an almost perfect adaptation of that idea, serving at once to strengthen, to energize, to enrich it and to deliver it from some of the benumbing effects of continuous routine. We are too near the event to appraise and evaluate truly the changes that are taking place, but what appears to be certain is that we are in the midst of a liberalizing movement in nursing—something destined to set free the mental and spiritual energies of nurses, and to permit them to flow into new and wider channels of usefulness to human beings, into better care for the sick, better protection of the well, better and more hopeful lives for the nurses themselves.

To the question, therefore, that may arise, How far can we go in these efforts to add the resources and powers of universities and other educational institutions to the opportunities and experiences of the hospital; to obtain for nurses freedom for educational development in their own field of work? I must answer unhesitatingly, Just as far as is possible. Believing as I do that universities, and all educational institutions, as well as hospitals, exist for the service of the people, I would see that service furthered by placing schools of nursing among the professional schools of the universities of this country and of other countries as far as existing conditions would make that relationship a practically wise measure.

And I would see it furthered by every effort to enlist the aid of other institutions capable of providing for the training of nurses those essentials which the hospital alone proves unable to supply.

The movement in this direction will set its own limits, but to the application of the principle of freedom in education for which it stands, there are no such limits. And to uphold this principle is quite within the power of most hospitals of such standing as would justify their participation in educational work. It is within their power to work out and establish a different

[3] "The Aims of Education," Alfred North Whitehead, p. 140. The Macmillan Company, 1929.

form of organization for their schools, and a kind of government securing for them freedom for the proper development of every phase of their legitimate work. It is within their power to cooperate in efforts to obtain resources for the conduct of their schools, and to create an informed public opinion on this most important subject. May we not venture to assure hospitals that they will gain and not lose in such a sharing of power and responsibility? I am sorry to leave untouched some of the important questions in nursing which must in the future be answered, and will call for exceptional knowledge, ability and courage. The grave problem of unemployment which is now very serious in many parts of this country is perhaps the most pressing of these at the moment, and this is in reality an outcome of the educational questions which we are considering here.

But my discussion this evening has been centered upon one issue—the need for providing for the nursing of the future an educational foundation, of different character from that upon which nursing in the present is built. We lay that foundation when we ensure, as far as we are able, that those who follow us shall be women who can bring to the changing problems of the future a good measure of intellectual capacity, and that the schools in which they are trained shall be given freedom and resources to strengthen and develop such capacities. The need for intelligently educated nurses will not diminish in any future of which we can conceive, but there can be no final conception of the right education for them; this must be a steady evolutionary process.

No one of us knows what the future may hold. It is beyond any reckoning of ours, but living as we do in an era when scientific discovery is transforming the world, when "the elements are changing visibly before our eyes," and nowhere more profoundly and continuously than in the sphere of medicine, we can hardly fail to see that nursing so intimately bound up with the deepest necessities of human beings, must share the changes which affect them. The systems, methods and institutions we cherish today may fade and pass, but the developed mind and imagination of future nurses must be equal to the task of creating new ways, new ideas. I know but one foundation upon which the nursing of the future with all its inspiring possibilities can be safely built, and that is the educated minds and spirits of those whose work it will be.

Physical Education in Schools of Nursing

THE Committee on the Health of Students sent questionnaires to one hundred and fifty schools and received ninety-four replies. Of these, fifty have no plan for physical education; seven have plans for a program in the future; eleven have a program but do not make it a curricular requirement; twelve require physical education in the curriculum of preliminary students, only, and fourteen require physical education in the curricula of all students.

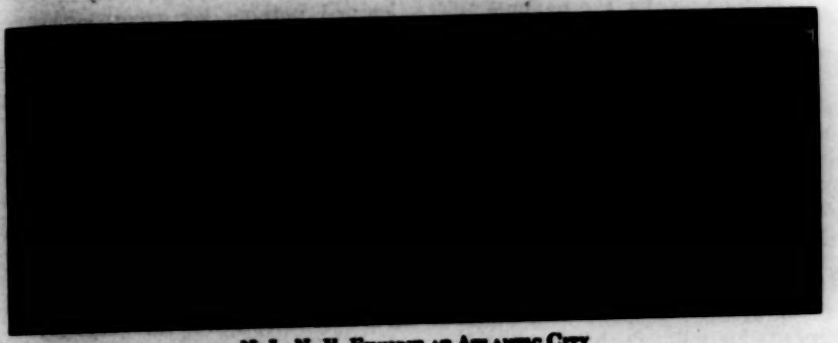
A wide variety of activities is taught: swimming, basket-ball, volley-ball, tennis and dancing, in the order mentioned, lead in popularity with the students.

Schools which have not the necessary facilities in their residences utilize the pools and gymnasia of the Y. W. C. A's, club houses, high schools, or, in the case of university students, the facilities of the campus.

Thirty-six schools report that the activities are conducted by trained teachers.

The Nurse Invites Inspection

VIRGINIA McCORMICK



N. L. N. E. Exhibit at Atlantic City

An exhibit of some of the skills required in nursing education was conducted by the National League of Nursing Education at its thirty-fifth convention, held in June in Atlantic City, in conjunction with the convention of the American Hospital Association.

In the single purpose emphasized in its every section, in the faithfulness to detail, the excellent workmanship, and the delightful ingenuity on the part of those who created the wards, this exhibit marks a milestone in visualising for the public the meaning and scope of modern efficient nursing.

The first part of the exhibit showed, by means of an attractoscope, some of the subjects required in the education of the nurse; bacteriology, chemistry, anatomy, physiology, pathology, drugs and solutions, mental hygiene, psychology—both of adult and the child—nutrition, and sociology.

The need for these subjects then was brought out by showing the student nurse in her work in the wards, these being contributed by Bellevue Hospital, New York City; Jewish Hospital, Brooklyn; Illinois Training School, Chicago; and Butler Hospital, Providence. In order to gain a perspective in the development of nursing education, two historical wards of Bellevue were shown: a hospital ward in 1870, before there was a school of nursing, and a ward of 1875, two years after the inauguration of the training school.

Three patients often shared two beds at Bellevue Hospital in 1870! There was only one so-called nurse in the whole ward, and she was shown in the exhibit dozing comfortably in a rocking-chair, her feet on a radiator, a gin bottle by her side, while convalescent patients waited on each other and the prisoners gave what assistance they could. The beds themselves were unkempt and uncared for in the exhibit, which was based entirely on material gleaned from old hospital records. Such cleanliness as was achieved was produced by workhouse inmates and convalescent patients, and the workhouse warden was in general charge of the hospital.

There were no screens in the ward of 1870 and, therefore, no privacy. There was open plumbing in the center of the ward. If a patient died, he was left in his bed until it was convenient to remove him, and as one

patient in every four died, according to statistics, such a scene was not an uncommon one for the patients.

Appetising trays at mealtime were unheard of. Instead, there was a table in the middle of the ward on which were two bowls, one with soup, one with salt fish. If a patient was hungry, he helped himself. But sometimes he found the bowls empty; the workhouse helpers had stolen the patients' food as they carried it from the kitchens. Another difficulty faced the hungry patient. He looked in vain for knife or spoon with which to serve himself. Such appointments were considered dangerous. A patient might commit suicide with a fork!

The five years that followed 1870 made a great change in the care of the sick at Bellevue, as was shown in the exhibit portraying a ward of 1875. Two years previously, a training school for nurses had been organised with Sister Helen as its head. Its objects were to provide nurses for the public in hospitals, for private families, and for the sick poor.

It was said of those who cared for the sick in 1870 that "nurses had learned nothing by experience save indifference to suffering." Of the new ward it could be said that, so far as the staff was prepared to give it, the comfort of the patient came foremost. Nurses were trained "to observe, to understand, and to sympathise." Some of the principles of Florence Nightingale had begun to find a place in Bellevue. The high type of woman entering nursing at Bellevue with the inauguration of the school made possible this tremendous change in so short a period.

A big, clean room was the ward of 1875. Clean individual beds, with cord springs and straw mattresses, had supplanted the nondescript cots of the earlier period. Screens had been introduced. Beside each bed was a small table and at the bed's foot, a rocking-chair.

On the wall were pictures and mottoes: a picture of three empty crosses against a stormy sky; the words,

Prisoner Nurse

The Warden's Wife

"God Bless Our Home," and "It is More Blessed To Give Than To Receive."

Ward management was organized, with one head nurse and two probationers to a 20-bed ward. Sister Helen was represented in the exhibit making her daily rounds, her simple black habit and large white veil contrasting with the dress of the head nurse, a lady of great dignity in side curls, black taffeta, bustle, and train.

Beside an unmade bed stood a student nurse, in a neat uniform of grey calico, white apron and cap, large black cross on her breast, a pincushion hanging from her slender waist. Dr. Wood, a staunch friend of the nursing school, was making his rounds also, a small man punctiliously garbed in frock coat, *boutonnière*, and silk hat which, it is said, he never removed. The more concern he felt for a patient, the further down on his head he pulled his hat.

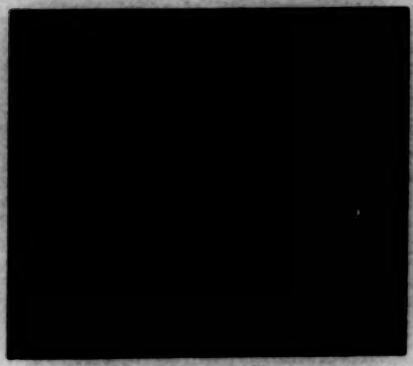
A contrast as great as that between the two historical wards was marked between the ward of 1875 and the modern hospital wards. Striking in the exhibits of the three modern wards was the changed character of nursing from that of the Bellevue of 1875 to modern nursing practice. These showed nurses carrying the responsibilities of performing intricate and difficult technics which have been delegated to them, gradually, along with the development of modern medical science and practice.

The teaching aspects, particularly, were emphasized in the modern ward exhibits, the teaching of patients by pupils, and the teaching of student nurses by the specially prepared graduates, the head nurse and the instructor of nursing practice.

It was difficult to arrange an exhibit showing the social and preventive aspects of nursing in a ward. This was achieved with rare success, however, by creating an atmosphere of teaching through the details of the ward exhibit. In one ward there was a case study bench where the problems presented by individual patients might be studied thoroughly. There were

Sister Helen

Early Bellevue Nurse



HEAD NURSE'S DESK

Patient receiving final instructions before going home.

nurses, nurse instructors of discharged patients, and other specialists with similar functions. Coöperation of the various professional groups was pictured by medical men, social workers, school teachers and others with interrelating functions.

The workhouse help of the seventies had given place to a ward attendant in a brown uniform. The instructor of nursing practice was supervising two procedures at the end of the medical ward, a high, hot-colonic irrigation, given by a young Junior nurse behind a screen, and the cleaning and making of an empty bed by a probationer.

No doubt the principals of schools of nursing derived much satisfaction from that part of the exhibit which showed a teaching head nurse instructing a young Intermediate in one of the newer procedures now required of nurses in some hospitals, that of taking the apical heart beat of a very ill patient with a decompensated heart.

Postures of the patients, the equipment in use, or other details in their treatment, showed that in the medical ward was a patient suffering with arthritis, one with meningitis, and another with typhoid. The surroundings of the two last depicted the student nurse using a technic which made it perfectly safe to care for infectious cases in the open ward.

A convalescing patient with the diagnosis of gastric ulcer was shown in the medical ward exhibit, sitting up in bed, weaving; and a woman suffering from pernicious anemia had before her, on a properly-appointed tray (fully two inches by one inch in size), an easily recognizable anemia diet of spinach, tomatoes, and liver.

At the front of the ward, a student nurse was giving final instructions to a discharged patient with diabetes, as to the care she should receive at home, while a hospital social worker waited to explain the arrangements she had made with the patient's family as to her promised sojourn in the country.

The medical ward was evolved by Elizabeth Pillsbury, of the Jewish Hospital, Brooklyn. Illinois Training School's exhibit showed a pediatric ward in which was emphasized the close coördination of work that is necessary among the various specialists. This exhibit showed the workers in attendance on their little patients, the interne, the nurse, the physiotherapist, the dietitian, the school teacher, the occupational therapist, and the social worker interviewing an unmistakably Italian mother on a bench outside the cubicles.

There were ten cubicles, each with individual equipment, running water, wash bowls, faucets, paper towels, waste baskets, and properly folded and adjusted gowns, the whole giving a picture of a model setting for a pediatric ward. Of almost equal importance in their appointments were

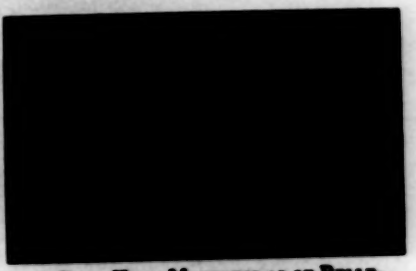
the small doll and smaller stuffed dog for the consolation of young patients.

When the visitor to the nursing exhibit had seen these wards, the historical ones placed above the medical and pediatric modern wards, his attention was attracted to the third of the group of modern wards, placed at a little distance from the others so that it could be studied through its glass roof.

There was extraordinary faithfulness in detail in this exhibit, sent from Butler Hospital, Providence, of a department in a hospital for patients with mental and nervous diseases. Rugs were on the floor, crisp curtains at the windows, gleaming enamel fixtures in the bathroom and kitchen. The bedrooms were furnished with neat beds, cretonne-covered chairs, hooked rugs, and white covers on table and wardrobe. There even was a radio in the lounge.

A nurse was seen giving a patient a continuous bath. Other patients were helping with the work, arranging flowers in the hall, helping with the preparation of food in a small adjoining diet kitchen. And directing and taking part in the performance of the many activities were the nurses, playing in the card game, appearing on the musical program, making the refreshments, choosing reading material, and weaving—all this in addition to the more common nursing procedures. From this exhibit, it seems evident that a successful nurse of psychiatric patients must be able to take responsibility in many ways besides that of her actual nursing work.

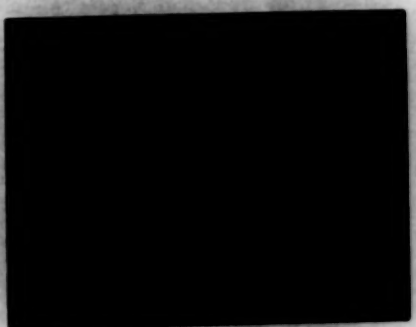
It was this detailed accuracy and the ingenuity with which the diminutive appointments were devised that revealed the interest and hard work which went into the developing of these ward exhibits.



A Corn-Husk Mattress as of Bellevue's Early Days

In the pediatric ward of the Illinois Training School exhibit, for instance, the care with which the baby's crib was made was worth more than casual comment. And the Bradford frame, fitted to a three-inch-tall doll, was flawless in its making. The desks in the medical ward boasted inkwells made of wooden beads, and even a black pen and a red one, both of which could have been whittled from a single toothpick. The dishes were carved of ivory soap. Copies of the *American Journal of Nursing*, in size somewhat over an inch, were to be found on several desks. But for a display of resourcefulness, a candidate for first place surely was she who made, for the medical ward, a bowl of a wash basin from an eggshell.

The dolls in the Bellevue exhibit evoked applause. Where, even in a



One Unit of the Pediatric Exhibit

large city, did the Bellevue nurses find the Sister Helen doll with her finely chiselled face, the pompous and ponderous nurse-of-the-gin-bottle, the workhouse slavey with her tousselled hair and imbecile grin?

One could not but wonder, however, whether the doll patient in the Bellevue ward of 1875 did not develop qualms as to the possible high cost of nursing care when she discovered that she was lying between hand-hemmed sheets, that her blanket was similarly made by hand, and that the pillow slip was daintily hemstitched. Almost worth while going to a hospital to have the experience of hand-made sheets in this machine-run age!

But such details in the exhibits were the result only of close inspection on the part of the visitor. Taken in the order of their arrangement, the impression given by the various parts of the exhibit was one of coördination and of the single motive of showing the steps in the evolution of nursing education. This feeling was confirmed when one passed from these wards to the third part of the exhibit, a series of panels representing the various fields of nursing open to the graduate; namely, private duty, institutional work, and public health. These panels, the work of the late Stella Boothe Vail, will be remembered as part of the exhibit of the American Nurses' Association, at the Sesquicentennial in Philadelphia, in 1926.

Having completed the survey of the exhibit, the visitor sank into a chair to rest a bit, and was attracted at once by posters directly before him which he had passed, unnoticed, before. One of these posters showed the result of a study at Yale School of Nursing which brought out the fact that the nurse most competent in practice is she with the greatest preliminary education. These figures were obtained from a study of nearly five hundred students in twenty-three schools. Another poster compared the amount of theory given to students in Yale Medical School with the amount of theory given in the Yale School of Nursing.

Then, to point the whole exhibit, and give it its interpretation and single emphasis, was the runayne above the ward exhibits in these words:

> 1873 or 1929 nursing? Education has made the difference. Technical skill, science, and human understanding, this is what the modern doctor has a right to expect when he says, "Get me a nurse who knows her job."

Mary M. Marvin, of Teachers College, Columbia University, was Chairman of the League Committee in charge of the exhibit, and it was her coördination of the work which made possible this exhibit. Serving with her was a committee of twenty-four members, among whom were Miss Pillsbury; Anna McGibbon, chairman of the psychiatric ward from Butler Hospital, assisted by Miss Nind; Gladys Sellew, of Illinois Training School for Nurses, chairman of the pediatric ward; Ethel Bacon and Helen Olandt, in charge of the Bellevue ward. With Miss Pillsbury were Miss Hudlar of Jewish Hospital, Brooklyn; Carrie Beckham, of Washington University Hospital, St. Louis; and Mrs. Jensen, of the University Hospital, Minneapolis, who developed the medical ward.

Marion Randall, of Teachers College, was responsible for the legend of the runayne. Ruth Sleeper, of Western Reserve University, made some of the posters for the attractoscope. Anne Gorman assisted in interpreting the wards to the public. Margaret Tracy, of Yale School of Nursing, secured the statistics for the posters. The attractive presentation of the

exhibit at Atlantic City would have been impossible except for Nellie McGurrin, Superintendent of the Atlantic City Hospital, who furnished all the furniture, rugs, and plants, free of charge.

Others who assisted with posters for the attractoscope were Carrie Benham, Ruth Taylor, Edna Grothe, Helen Faddis, Louise White, Marion Hurlbut, Thelma Ryan, E. Ruth Smith, Edna Plambeck, Ellen C. Daly, Hendartka Rynbergen, Mrs. Josephine Coombs, and Miss Covell. Miss Volkmann, of the New York Tuberculosis Association, loaned the attractoscope free of charge.

The pediatric unit, developed under the leadership of Miss Sellew, was made by a group of nurses in her department, including Sybil Davis, Pearl Miller, Theresa Rose, Winnie Cox, Idella Deitch, and Etta Hill. The Bellevue wards were made by a group of students as a project in their history course.

Miss Woods was responsible for the first presentation of the statistical data, and Dr. May Ayres Burgess gave most valuable assistance in the production of the final posters. Elizabeth C. Burgess, Isabel M. Stewart, Mrs. John McManus, Gladys Crain, Margaret Potts, and Dr. Kulp of Teachers College, with members of the Arrangements Committee, all advised from time to time.

The costs of preparation of the ward exhibits was borne by the schools preparing them. Costs of the other exhibits and expenses incidental to transportation and the completion of details are shared by the *American Journal of Nursing*, the American Nurses' Association, and the National League of Nursing Education.

Narrative Reports of Follow-up Nurses

MANY reports illustrate that the efforts of the nurse have been rewarded by finding improved conditions. The sputum cup, at first regarded as a nuisance, has now become indispensable and open windows, once greatly feared because of drafts, are now the customary thing, not only in the patient's room but throughout the house, children learning to keep out of "Daddy's room." Where formerly the family lived in one large room, this room has become, by means of a partition, a two-room apartment, and the nurse has been promised on her next visit to find them "all shining."

The following report illustrates the accomplishment of one nurse:

"On my first visit, claimant with wife and two children, the patient was found to be working in the local railroad shop. When he returned from work he was completely exhausted, weak, nervous, and trembling. He was told compensation was being paid that he might give up work and follow treatment. He felt that he was unable to support his family on his compensation, $120 per month. On my second visit he was found to be working part time, because he feared to resign lest he lose seniority in his department. At his request the superintendent of shops was interviewed and claimant was granted an indefinite leave of absence, and discontinued work. On my next visit the family had moved into the country, where they have secured a home with a sleeping porch; a satisfactory adjustment has been made, and the change in the physical condition of the claimant is remarkable. He has gained in weight, color has improved, and he says he is feeling better than he has for years. He has learned the value of rest and hygienic routine."

One can easily see from the reports that the visits of the follow-up nurse help to establish a feeling of comradeship which is beneficial to the patient as well as to the Bureau; that in their visits to the patient in rural communities they do as complete a piece of work as is possible; that they approach each problem with an unbiased view and give the claimant every aid possible; that besides a technic, they possess loyalty to the claimant and the Bureau, and idealism in their work.—Mary A. Hisley, Superintendent of Nurses, United States Veterans' Bureau *Medical Bulletin*, July, 1929.

Better Preparation for Better Service[1]

NINA D. GAGE, R.N.

THIS is the thirtieth anniversary of the founding of the International Council of Nurses. In 1899, in London, Mrs. Fenwick sounded the call, and individual nurses from six different countries joined with her and the Matrons' Council and founded our International Council.

It is fitting that at this, our thirtieth anniversary, we remember first some of those who helped build us, but have now gone ahead and left to us the responsibility of not letting the lamp grow dim, but keeping it ever brilliant to light our profession on its path of work for and with others, toward the help of our fellow men.

We miss from our ranks many who have given us valiant help in past years and whose absence means much loss, personal and professional.

Baroness Mannerheim, who guided us so graciously and skilfully through the last Congress in her beautiful and cordial country of Finland, whose splendidly organized nursing we should have found it difficult to see without the open sesame of the International Council, has gone before.

Schwester Agnes Karll, another former president, and perpetual Honorary President of our Council, whose work in her early years helped so greatly not only the International Council of Nurses but also the German nurses, is no longer with us.

Flora Madeline Shaw, whose help at the last Interim Conference at Geneva meant so much to us and who, we had hoped, would welcome us here in Montreal, greets us in spirit, and has set us an example of constant, cheerful, friendly coöperation with others which meant much in her own work and will mean much translated into ours.

Anna C. Maxwell, one of our foundation members, always ready with advice when it was wanted, still strengthens us as we study her life's work.

Grace Neill of New Zealand, and *Mina Mollett* of Great Britain, founder members, leave us a great deal to be learned from their example of hard work and clear thinking.

In 1901, in Buffalo, was held the second meeting of our Council, still with no organized nursing associations affiliated, since there were not enough of such associations in existence. We are glad to have some of our foundation members with us at our thirtieth anniversary, to watch the work of their hands and see the changes and progress which have come in thirty years. The first President, Mrs. Fenwick, in her address at Buffalo put the emphasis on *work*, and the necessity for organization. Among other things discussed at that conference were many for which we are still striving:

1. *What Shall Constitute the Trained Nurse?* "The job analysis" is still being made in places, and would seem very necessary before the best method of preparing anyone for a job is worked out, before better curricula can be decided upon. Much of this will of course have to be done by each country individually. Basic requirements for bedside nursing are the same the world over, but details vary as equipment varies. Other avenues of "helping the patient to live" open to the nurse as her community finds her old valuable. In America there are some sixty-five of these avenues opened. In China the nurse has not yet been asked to do so many things, but that is small wonder since even the word "nurse" in the Chinese language is only fifteen years old. Demands on the profession there are growing, as you will see from

[1] President's address given at the opening session of the International Council of Nurses, Montreal, Canada, July 8, 1929.

the report to be presented later at the Congress. Other nations are finding the same thing true. We shall have much of interest in the next few days.

2. *State Registration* has been achieved in many places, and registration by the nurses' associations has been made a substitute in other countries where government action does not seem advisable or possible just yet. Protection of the public from danger, and of the good name of our own profession, are being attained, and will, we trust, become universal before many more Congresses are held.

3. *Local and National Organizations of nurses* were being advocated thirty years ago, and in more and more countries they are coming into being nowadays. As soon as even a few nurses are present, today, they begin to form associations and prove that "in union there is strength." In China, before there were more than two or three Chinese nurses, the association was formed, and the groundwork laid, ready and waiting for them. Now there is the happiness of seeing the Chinese come into their own, and we have the joy of a Chinese President, Secretary-Treasurer, and several delegates to the Congress, instead of a single one as at the last Congress at Helsingfors. We have Chinese taking active parts in association work, and thus learning how to take their part in the world's work.

4. *Professional Magazines* have been started in most countries where there is the slightest organization, and grow as the profession becomes articulate. They are an excellent means of promoting free discussion and expression by the members of the profession.

5. *Army Nursing* was well demonstrated in the last war and has proved its value for serious work over many of the attempts of the Voluntary Aid Detachment. The question was very acute twenty-eight years ago, following the Spanish-American and the Boer wars. In at least one country, at the present time, an army school of nursing has grown up with higher standards than the average of schools, and is graduating into our ranks a most desirable element.

Other subjects of discussion at that second conference show less progress than those just mentioned. Codes of ethics have been discussed and discussed, but very little has been organized into formal statement. Some pronouncement of principles would be very useful and helpful, not only to ourselves, but to members of the public who need to know the principles upon which our actions are based, so that they may distinguish, before too late, between the real and pseudo-members of our profession.

Uniform requirements for schools of nursing and *uniform curricula* are among the things being studied by our International Education Committee. They will probably prove difficult to promulgate in our present stage of development. So much must depend on local needs, thought, opportunity, equipment, not only physical but mental, that only minimum necessities can ever be uniform. The study of the Education Committee as to how much such a minimum can cover will be most illuminating.

Progress in the Last Quadrennium

SINCE our last Congress at Helsingfors, we have made history along certain lines. First might be put the establishment of International Headquarters, already beginning to serve as a clearing house for information on nursing matters throughout the world. Our wide-awake and capable secretary has made us known in Geneva and many other places, made our professional capabilities respected, and informed others of our activities.

Our library should grow much larger, but beginnings have been made. With the efforts of each one of us, more material will be added and the library become a center of nursing literature and a place for study and research in nursing questions such as should be valuable for the future improvement of our profession. There are now in the library fifty-three nursing magazines of national scope, and fifty others of interest to nurses. There are five hundred text and reference books in sixteen languages.

Our magazine many of you know, and many more can become acquainted with it from the sample copies shown at this Congress. How our Secretary finds the time to edit it, among her manifold other duties, is a puzzle, the answer to which is known only to herself. None of us can afford to be without at least one copy, if we are to keep abreast of the latest issues and most important problems in our profession as they arise, and we should also subscribe as an assistance to our International Council. The proceeds from increased subscriptions would go toward the salary of someone to help our Secretary, who so greatly needs aid in the office. The editorship of the magazine, alone, such a magazine as she has made it, would be a full-time task for most of us, with all the translation necessary for an international publication, but this is only one of the things which she accomplishes.

The new constitution, adopted at Helsingfors, has proved a splendid basis on which to work, and only minor changes prove desirable at this time. We are certainly grateful to the committee which worked so untiringly to present it at Helsingfors.

Two years ago, in Geneva, was held the Interim Conference which aroused interest, since we had delegates from thirty-four countries, one more than at Helsingfors. It gave us much inspiration, and introduced many of us concretely to the League of Nations, since they received us and talked over with us some mutual problems. We had a chance to meet many of the Swiss nurses who helped to receive and entertain us, some of whom are with us today. Our Secretary did most of the organization for the Interim Conference. We owe her very much, with conferences, magazine, headquarters, information, encouragement, assistance in all sorts of nursing problems throughout the world. Without her we should be nowhere near our present stage of development. We must find some way to give her help. She could make many interesting studies, and help the profession greatly by her research, if she could be freed from some of the routine duties. This is one of our greatest organization problems which must be solved soon, before Miss Reimann's health gives under the strain.

And now, thanks to the generosity of the Canadian nurses, we are meeting here in this beautiful city of Montreal, the first place where nursing became known on this side of the world. China still regrets exceedingly that circumstances beyond the control of the nurses made it impossible to receive us there this year, but the Revolution is creating a better country, where nurses will find it much more possible to make themselves useful, and we hope that before too many more congresses the Nurses' Association of China will be able to repeat its invitation. Meanwhile the Canadians have been working valiantly, and have prepared, in only two years, the welcome which we are finding all around us. We cannot be too grateful to our hostesses, and can show our gratitude not only by our appreciation now, but by our translation of inspiration into action on our return to our duties.

The problems before our profession are many and great. I shall not dwell upon them, because Miss Nutting will present them so much better to-morrow night and others throughout the conference. But they need clear thinking and much study. How can we enroll better students in our schools? How can we better prepare them for their work? What changes

are necessary in our schools and our organizations to enable us better to serve our communities? Many so-called schools are not real schools, and must be reorganized and get money for endowment, as Miss Nightingale's school did.

The hours of work of most nurses, in many countries, are too long to permit the best care being given to patients, because of the fatigue entailed upon the nurses. We should re-read the discussions of the 1912 Congress of the International Council at Cologne, and bring these things before the public.

Through all our problems runs the scarlet thread of our ultimate object—better care of the patients, whether in home or hospital, ill or being prevented from becoming ill. To us this is self-evident. We are never quite happy when divorced from the patient. We prefer night duty because it keeps us closer to the patient without irritating, though necessary, red tape and daytime formalities. Fifty-four per cent of us, in America at least, and probably more in other countries, prefer private duty to other forms of work, because there we have the patient without so many outside disturbances. It is a thrilling thing to see him improve under our administration, or to see him follow health teaching and escape becoming ill. We prove that we like these contacts by the way we keep to them. We are unhappy when someone asks those of us in executive or teaching positions why we are not nursing. We do not like it when, in our attempts to improve the education of our pupils, and therefore their preparation for their job, we are asked the frequent question: "Who is to nurse the patient if you keep on pushing up requirements?" We become impatient at other people's lack of understanding of our purpose. Yet is not some of the misunderstanding our own fault? Have we shown outsiders clearly enough why we want to lift ourselves up from the apprentice stage, why we feel the need of better preparation? Few of us are like our pioneers, Florence Nightingale and some of those of whom we have spoken today. We cannot educate ourselves, make our own correlation between practice and the necessary scientific basis for our better care of the patient, as they did. Therefore, we as they, too, recognize the need of better schools, and opportunity for further study after graduation, study in schools and hospitals. But just because it is so self-evident to us, and because we do so little talking about it, we give a false impression to the public that we are trying to get away from practical work. This false impression I have seen in America and China, and some signs of it in other countries. I would warn those of you in whose countries it has not yet appeared, to learn from those of us who have had to face it, that more enlightening of the public is necessary, more emphasis on the reasons why we want to improve preparation, and more showing of results. One school among us with the best of modern preparation is now sending out its first graduates, who are turning to private duty and bedside nursing because they appreciate the importance of that work and the opportunity given by it for saving their fellow men. Make this clear to the community; prove that with better preparation you will give better service, and the public will support you.

In this way to win the coöperation and assistance, moral and financial, of the people round about us toward our better preparation for what is wanted of us, is one of our most necessary tasks today. On our success in its

accomplishment depends the possibility of keeping the interest and support of our public, and so our work for our patients and neighbors, and thus for our country. We must make them feel our deep interest in their welfare, physical, mental and spiritual. And so our cooperative work becomes again individual, and we act and react on each other. May we prove the value of better preparation and organization, not only professional organization for the discussion of our problems, but community organization for putting us in touch with our patients, as Finland in 1926 showed us their community organization for child welfare. Organizations like these will so improve our care of our patient that the public will see and know our aims, and how we realize them, and they will feel and know that our patients and neighbors are the center of our thought and effort, sympathy and feeling. In this way we shall be able to translate our principles into action, and move forward with a united front in accordance with our Constitution through our world-wide organization to "ever higher standards of . . . public usefulness of our members."

The Care of the Child on a Bradford Frame or a Whitman Frame

HAZEL CREFF, R.N.

Purpose of Bradford Frame:

1. Fixation—immobility.
   To restrain children suffering from fractures, diseases of the spine, tuberculosis of the hip or knee.
2. To relieve pressure on wounds or sores of the back.
3. To prevent dressings or cast from being soiled by involuntary passage of urine and stool.
4. To permit the patient to use the bedpan without movement of his body.

Purpose of Whitman Frame (Curved Bradford Frame):

1. Fixation and hyperextension.
   Due to the fact that it is impossible to draw the canvas absolutely taut, fixation and hyperextension are only relative.
2. Use of the bedpan without movement of the body; in the case of the involuntary patient, without soiling the bed or the child's body.

Selection of the Frame:

The *Bradford Frame* should be about eight inches longer than the child's body and the width the distance between the crests of the ilia. The narrower the frame, the greater the possibility of fixation.

The *Whitman Frame* should be eight inches longer than the child's body and the width is the distance between the crests of the ilia. The point of greatest convexity should be under the region of the spine where we desire to produce hyperextension.

The *Metal Frame*. The picture illustrates the child on a metal frame. It is only used in the case of an incontinent child in a body cast. A light pillow is placed under the head and part of the body exposed. Its use

A Frame in Use

saves time and linen and adds to the comfort of the child.

Covering:

Some surgeons on certain cases prefer to have a one-piece cover used. The slight movement necessary to slip the bed pan under the child, when a sloping pan is used, may be better for the child than the lack of support under the buttocks which is almost unavoidable when the cover is made of two pieces with an opening of four to six inches through which urine and stool are passed. The covering may be made of heavy canvas fastened on the under side of the frame; (1) with flaps and buckles, the buckles must come close to the side of the frame or they will be uncomfortable for the child; or (2) metal eyelet holes may be made, about three inches apart, on the long side of the cover, and cord or, better, heavy bandage, used to lace the edges together. Flaps should be made on either end of the frame cover and buckled over the head and foot bars of the frame.

The Two-Piece Frame Cover:

If the doctor orders the cover to be made in two pieces with the opening under the genitalia and anus, (1) the part of the cover which supports the child's trunk should be two inches longer than the measurement from his head to the base of his spine; and (2) the section of the canvas used to support the child's legs should measure the distance from the base of his spine to several inches beyond his feet, *minus four to six inches*.

The covers are fastened on the frame in the same manner as is the single cover, an opening of four to six inches being left for the use of the bedpan.

The canvas is usually covered with a smoothly folded sheet, or a case made to fit the frame. This is all right for the section under the trunk, but when the child voids, the section under the legs is apt to become wet. We suggest that a cloth or diaper be placed, extending from the pelvic region over the urethra into the pan. This prevents to a great degree the wetting of the sheet and blanket placed over the child, and the frame cover under the thighs.

As an alternative, or in conjunction with the above-given method, the canvas cover under the thighs may be protected by a piece of rubber sheeting brought over the edge of the cover, a sheet or other smooth protector being placed over the rubber.

If the child is incontinent, the frame must be elevated by placing it on blocks, or by other means, and a pan be kept under the opening in the frame cover. A small gray granite basin may be used to advantage instead of the ordinary bedpan

(1) Because the large opening of the receptacle affords a greater catching capacity,
(2) It is much more easily cleaned,
(3) The difference in the price would be an economical factor worth considering if a large supply were being purchased.

Buttocks Support:

In the case of the continent child on the Whitman Frame, if the two-piece frame cover is used, a piece of heavy cloth may be fastened by buckles or eyelets and bandage over the frame to

support the child's buttocks. The Bradford Frame, when used for the continent child, should be elevated only when the child desires to use the pan; resting flat on the bed at other times. It is, therefore, unnecessary to close the opening between the frame covers in order to support the buttocks, when the child is not using the bedpan.

Arm Supports:

For arm supports of the elevated frame, see the *American Journal of Nursing*, March, 1929, "An Educational Exhibit," Florence J. Potts, R.N.

Relief of Pressure on Kyphos:

Pads of felt, in soft muslin casings, may be placed on either side of the spine, thus preventing pressure and increasing hyperextension in the case of the Whitman Frame.

Elevation of the Leg and Traction in Tuberculosis of the Hip:

The child is placed on a Bradford Frame for fixation. For traction and elevation of the leg, a wooden incline is generally used with some form of traction.

Restraint:

There are many methods of restraint. So that the child may have full benefit of the sun, and because it is inexpensive to make and launder, we are using the type described in "Pediatric Nursing," Sellew, page 413.

Prevention of Foot-Drop:

Care must be taken to prevent foot-drop caused by the weight of the bed covering. A sand bag may be used to support the feet; of equal importance is the use of a cradle to support the covers.

Bath:

The child should receive a daily bath. The ventral surface should be washed and dried. The child is then turned on the abdomen by turning the frame (the child being held in position by the nurse's arm) upon the side, and turning the child on over upon the abdomen. The back should be thoroughly dried and rubbed with alcohol. The child is replaced upon the frame, using the same care as was used in turning him upon the abdomen.

Clothing:

If the child is not receiving a course in heliotherapy he must be well protected with clothing. He usually wears a shirt open in the front. The shirt may be put on him at the close of the bath, thus avoiding turning the child unnecessarily. A gown open in the back and closing only at the neck may be worn. Over this, if the child is to be put outdoors or in a cool room, a sweater may be buttoned around both the child and the frame. Stockings are worn if desired. The harness is best put on over the vest and under the gown.

Feeding:

If the child is able, it is best to let him feed himself. A bed-table, built so that it may be placed over the child's chest, the legs resting upon the bed and the top slightly above the chest, may be used. The child's clothing and the bed should be well protected, as it is difficult for him to avoid spilling the food. Liquids may be served in a feeding cup, a small teapot, or, though it is not so easy for the child to handle, a cup; in this case, a drinking tube or straw is used.

Amusement and Education:

In the "Time Study of Nursing Procedures used in the care of a Variety of Surgical Cases," of Yale University School of Nursing, it was pointed out how large an amount of occupational therapy, etc., orthopedic cases need, and the relatively small amount of nursing care. It is absolutely necessary that means be provided for a healthy mental life.

The Intravenous Use of Calcium Chloride in Tuberculous Enteritis

FRANCES P. MAGUIRE, R.N.

THERE have been many changes in the treatment of tuberculosis in the last few years. Formerly the sanatoria were equipped only to give patients long-continued rest in bed, good nourishing food, attractively served, and a maximum of fresh air. This has stood the test of time and has proven successful in many cases. Yet a sanatorium which can give its patients only these fundamental accessories is failing lamentably. A modern tuberculosis sanatorium should be fitted out as a general hospital; it requires an operating room where major and minor operations may be done.

Patients should not be allowed to languish and die, consumed by the toxins of the tubercle bacilli without some effort being made to stop the inroads of the devastating tuberculous process. Where tuberculosis occurs in the lungs, this is done by the surgical procedures of artificial pneumothorax, phrenicectomy and the more radical Sauerbruch operation (thoracoplasty).

The well known group of symptoms distressing to many tuberculous patients: abdominal pain, vomiting and diarrhea, which sometimes are symptomatic of tuberculous enteritis and which disturb the patient's rest and nutrition, have been relieved by the intravenous injection of calcium chloride.

It is known that healing in tuberculosis is accompanied by the depositing of lime salts in and around the tubercle, the necessary calcium being derived from the blood. Supersaturating the blood with calcium salts is of value in calcification of the tuberculous lesion. Calcium plays a part in the coagulation of blood, and for this reason is used to control hemorrhage.[1] We do not know why calcium chloride is of benefit in tuberculous enteritis. It may have an analgesic effect, it may heal ulcers, or it may reduce the toxic effect of ulcers.[2]

It has been given for the last ten years in this hospital for suspected cases of tuberculous enteritis, even when diagnosis was not made, as well as in those cases already diagnosed. It is given in conjunction with the Alpine Lamp treatment and with the administration of tomato juice and cod-liver oil. These latter help to increase calcium metabolism in the body in an unknown manner. At least we know that the annoying symptoms are lessened considerably and many times disappear altogether. The patients look forward to the treatment because they can feel the steady improvement.

Many examples of benefit to patients could be cited, but one may serve to show what is being done repeatedly.

Mrs. T., age 24, with a diagnosis of far-advanced pulmonary tuberculosis with complication of tuberculous enteritis and laryngitis, came to this hospital October 15, 1928, after spending six months in a small private sanatorium. Her temperature had been 103° to 104° and she suffered from abdominal cramps, severe vomiting and diarrhea. Intravenous injections of calcium chloride were

[1] Philip B. Mata, "Studies on the Calcium Content of the Blood of Normal and Tuberculous Subjects," *American Review of Tuberculosis*, Volume XI, May, 1925, p. 269.

[2] Edwin H. Roberts, "Some Observations on the Calcium Chloride Treatment of Tuberculous Enteritis," *American Review of Tuberculosis*, Vol. IX, April, 1924, p. 159.

started immediately with daily exposure of the abdomen to the Alpine Lamp. Her temperature continued 101° to 102° until March, 1927. It gradually dropped to 100°. By October, 1927, it was 99° to 99°. In February, 1928, it was normal, the enteritis and laryngitis had subsided and she had gained 19¼ pounds. At this time her pulmonary condition was quiet. The calcium chloride treatment was continued with intermittences until she left the sanatorium in February, 1928. Her condition was described as quiescent.

The treatment is given semi-weekly for a series of twelve injections, then it is discontinued for one month. If the patient's symptoms warrant, it is resumed again and, if necessary, it is kept up indefinitely. Five c.c. of a 5 per cent solution of calcium chloride are given, the calcium solution being obtainable in sterile ampules.

The technic must be perfect, because if the calcium leaks into the tissues it causes great pain and sloughing. This is very difficult to treat, but responds slowly to applications of hot Epsom salt solution. The process is very painful, and when healed leaves a scar. For this reason the intravenous use of calcium has been abandoned in some tuberculosis centers. If the physician is skillful, however, there is no trouble at all.

We autoclave a 5 c.c. syringe, with a platinum needle attached, for each patient. The ampules are placed in alcohol, 70 per cent, and the nurse, after scrubbing her hands, files them, and the contents are drawn into the syringe which is then placed on a tray covered with two sterile towels. The towels are lifted at one corner, and containers for iodine and sterile applicators are placed on the tray. Two sterile towels cover the syringes. A kidney basin, a hemostat, a tourniquet and a container with alcohol sponges are needed.

The nurse applies the tourniquet, pulling it tight, then clamping with the hemostat. She applies the iodine, then removes it with an alcohol sponge. The doctor then inserts the needle. When a good flow of blood into the syringe indicates that the needle is in the vein, the hemostat is gently unclamped. After the needle has been withdrawn, the patient holds an alcohol sponge over the puncture site for a minute or so.

Education for a New America

IN line with limited data available Doctor Cooper ventured to predict the following lines of development of the educational system of the new America:

First, the extension of scientific methods of objective study and tested thought to all fields of life—social, economic, political, etc., as well as the material in which they have made so much progress in the past generation or two.

Second, that the materials of the natural sciences be used to develop a new method of thinking which will displace the dogmatic type now common even among scientists themselves—"We must avoid the longing to settle things with finality."

Third, a knowledge on the part of all the people as to who the recognized leaders in each field are, and why they are leaders, that we may cease to give heed to a politician discussing biology or a manufacturer asserting his views on medicine, etc.

Fourth, a stronger emphasis on real social science designed to enable people to cooperate better for the common good. "This involves also a change in methods of teaching so that pupils will be engaged in a cooperative enterprise in their classwork."

Fifth, the need for a system of values as effective in all realms of life as the dollar is an effective measuring stick in the world of material things.

Sixth, a plea for individuality in a world which the machine standardization threatens to make as formal as the medieval world or the civilization of the Orient.—William John Cooper, United States Commissioner of Education, in an address delivered at the National Education Association, Atlanta, Ga., June, 1929.

Our Problem Is Different[1]

LEONARD P. AYRES, PH.D.

ABOUT thirty years ago, Dr. Joseph M. Rice, who was then editor of the *Forum*, started a revolution in public education in this country. He drew up tests in spelling, and travelled from city to city and gave his tests to the school children. He then published an article in the *Forum* in which he showed that the children in some of our city school systems spent twice as much time as did the children in other systems in the study of spelling. He went on to show that when the children had completed the elementary grades, those who had spent the greatest amount of time on the study of spelling could not spell any better than those who had spent only half as much time on it.

Dr. Rice went ahead and gave similar standard tests to the children of city school systems in such subjects as history, geography, and arithmetic, and discovered other astonishing conditions with regard to the lack of effectiveness of much of the work being done in the public schools. He wrote articles about his researches, he lectured before educational associations, and brought down upon himself a veritable storm of denial and denunciation. He did not make himself popular with the educators, but he started an educational revolution.

When Dr. Rice did his pioneer work, public education in this country was an occupation rather than a profession. Many states had no state departments of education; salaries were low; the teachers were mainly young girls without professional training who taught for two or three years and then left to get married. One of the early school surveys described the teachers as a mobile mob of maidens meditating matrimony. A good many of the school superintendents were broken-down ministers, or retired real-estate dealers.

Within a few years, these conditions began to change. At first scores, and then hundreds of school people began to analyze the classroom work and the administrative problems of education, and to write books and articles about them. Soon almost every important university in the country established a school of education; laws were enacted to enforce professional standards; salaries were increased until today school teachers are by far the best paid large group of employed women in the country. Public expenditures for education have been multiplied by five in the past fifteen years, and now amount to more than two thousand million dollars a year.

The chief cause of this astonishing change is that, during the past twenty-five years, volunteer leaders among the school people have been persistently studying their own jobs, and writing about the things they found out. Not much of this studying and writing has been of the critical and fault-finding sort; most of it has been directly constructive in nature. The guiding purpose of the new scientific movement in public education has been to find out how to do the best and most in the shortest time and the easiest way. The purpose of the writing and

[1] The fourth paper in a symposium on "Nursing Education" given at a joint meeting of the American Hospital Association and the National League of Nursing Education at Atlantic City, June 16, 1920. The other papers, "From the Standpoint of the Hospital Trustee," "The Hospital Superintendent" and "The Principal of the School of Nursing," were by Herbert P. Bayley, Union Hospital, Fall River, Mass.; R. W. Bleck, M.D., Highland Hospital, Oakland, Cal.; and Carrie M. Hall, Peter Bent Brigham Hospital, Boston, Mass.

publishing has been to make the advances of each available for the use of all.

Banking

ABOUT twenty-five years ago, banking in this country was in only limited degree a profession. We had always had a few distinguished bankers, although even they had no professional education for their work. Most bank presidents and vice presidents were business men who carried on other businesses, and hired experienced subordinates, who were commonly cashiers, to look out for the technical features of the bank work.

Gradually it became apparent that these methods were inadequate to meet the needs of modern complex business, and the banks brought into existence a national organisation known as the American Institute of Banking. The Institute is a coöperative arrangement by which banks all over the country offer their employees the opportunity to secure a professional education in banking. It has grown with remarkable rapidity. Tens of thousands of students are enrolled in its classes. It has a large endowment for graduate work in the universities. Its methods are being constantly improved by the introduction of new books and courses of study.

Banking, like public education, is becoming a profession, and the states are beginning to enact legislation prescribing the qualifications of bank officers. The methods which have brought these changes about are similar to those which were effective in the case of public education. It has been done, in the main, by volunteer leaders who have been analysing their jobs, and making the results of their studies effective by writing about them.

Medicine

IN 1910, only four years before the outbreak of the World War, Dr. Abraham Flexner published his report on "Medical Education in the United States and Canada." At that time there were 147 medical schools in this country. The report showed that less than one in ten among them required that the students who entered them should have any college training. A somewhat larger proportion required some high school education. The large majority required only whatever the student might remember of such grammar school education as he might have had.

Most of the schools were supported entirely by the fees paid by the students, and a good many of them were stock companies operated for the financial profit of the faculty. Professorships in such schools were bought and sold. Many of them had no libraries and no laboratories, and an astonishingly large number of them had no connection with any hospital or dispensary. Such institutions were cramming schools in which students paid large fees to a group of local doctors who taught them the answers to the questions they were likely to be asked by the state examining boards.

The studies made at that time started a revolution in medical education that has resulted in a profound change in the medical profession. Schools of medicine are utterly different institutions from what they were twenty years ago. Legal requirements have been advanced all over the country; the literature of medical education has been multiplied; hospital standards have been improved; scientific research has greatly increased medical knowledge. The fundamental causes of these changes have been much the same as those which have been

operative in public education and in banking. Volunteer leaders have been analyzing their own jobs and writing down the results of their studies so as to make them available for others to use.

Nursing Education

NURSING education appears to be facing at the present time some of the problems that these other professions confronted two or three decades ago. Nevertheless, in some notable respects the situation is distinctly favorable. Perhaps the most important of these is that the position of nursing as a respected profession is firmly established. The American people have high regard for nurses and for nursing. The struggle for professional status and recognition was waged and won long ago.

On the less favorable side there are some serious problems. Chief among these is the fact that nurses as a group are not adequately paid. Moreover, opportunities for advancement are inadequate. The number of positions of high salaries and large influence, to which nurses may hope to advance is inadequate for a profession of the size of nursing. The literature of nursing education is small. There are few good textbooks for students, hardly any graded courses of study in printed form, and almost no books about the educational methods that have proved most successful in this field.

I have now reached a point in this discussion where I am entirely unhampered by facts. I have never made a study of nursing education, and do not really know anything about it. I can only suggest to you how some of its aspects appear to a business man who also happens to be an ex-educator.

I think we may accept as fundamentally valid the proposition that the development of any profession depends on the ability of its members to control and improve the education and training of the young people who enter it. Now by far the greatest part of the schools for nursing in this country are attached to hospitals, and the pupils in the schools get a large part of their professional training by acting as student nurses in the hospitals. Thus nursing education is in large measure a process of apprenticeship training, in which the pupils are taught partly by classroom instruction, but largely by contact and participation.

Experiments will be made with other forms of nursing education, such, for example, as the establishment of schools in universities, or of independent colleges. Such experiments should be welcomed and encouraged, but it seems probable that the greatest progress of the near future will be made through improving existing schools rather than through founding new ones.

Probably the greatest obstacle in the way of the improvement of these schools lies in the circumstance that most of them were not founded for the exclusive purpose of training skilled nurses. They are maintained in part for that purpose, and in part to furnish student nursing service for the hospitals to which they are attached. The typical school is not an end in itself; it is in part a means to another end. In this respect schools for nursing are unique in American education. Similar conditions do not exist in connection with any other important groups of educational institutions.

Hospitals exist to care for sick people. The problems relating to them have to deal with patients, doctors, medical students, nurses, student nurses, and business administration.

The hospital is administered by a board of trustees and its executive officer is the superintendent of the hospital. The problem of nursing education is to develop a constantly advancing grade of applied pedagogy in an institution that exists primarily for another purpose, and which is administered by a superintendent, and controlled by a board of trustees, to whom the improvement of the education of nurses is a secondary interest rather than a controlling purpose.

Success Assured

WE may be confident that important advances in the education of nurses are going to be made in the not far distant future. The basis for that confidence is the fact that the profession is now undertaking to study its educational problem. Its members have contributed the large amounts of money that are being devoted to the work of the Committee on the Grading of Nursing Schools, and they are coöperating energetically in the work of that committee. Now the history of other professions shows that when the members of such a group begin a self-study of their educational problems, important steps in progress shortly get under way. It was by just such methods that the great forward movements began in public education, in banking, and in medicine.

It is not possible to prophesy what directions the next steps will take. To an outsider like myself it would seem that most of the problems relating to the overcrowding of the profession and the underpayment of its members would eventually be solved by raising the educational standards. If this is true, it follows that the place where standards must be raised first is in the classroom work of the nursing schools rather than in the bedside and ward service. With the purpose of bringing about fundamental changes in the classroom requirements of the nursing schools, it might be wise to seek three grants of money from one of the great educational foundations for the purpose of making three studies. If I were to draw up such requests I should suggest that the first grant be asked for the purpose of making a study and report on the methods now used in the classroom teaching in a limited number of typical schools of nursing. This would be a report on what is now being taught, and how it is being taught, and the study would be made by people trained and experienced in the art and science of teaching.

I should ask for a second grant to enable some of the schools to employ as teachers, for a year or more, several well-trained educators who have demonstrated their ability in the writing of successful textbooks, and in the preparation of courses of study. I should hope by that means to make a beginning in the improvement of the teaching materials available for teachers and students in nursing schools, and I should be confident that if a few successful books should result, the teachers and superintendents in the schools would soon produce more and better ones.

I should ask for a third grant to carry through a study and report on what hospital boards of trustees know about their schools of nursing, and what they are doing about them. I do not think this study would be long or costly, and I do not believe that the report would be a large book, but I do think it would be a good thing to ask a large number of trustees to tell what they are doing to improve nursing education.

During the war General Goethals had some difficulties with the United

States Shipping Board, and he made the comment one day that apparently all boards, whether human or wooden, have in common the characteristics of being long, rigid, and narrow. Probably this is not true of boards of trustees of hospitals, but it does seem that steps should be taken to bring about closer and more cordial relationships between these boards and the schools for nurses.

Superintendents of Hospitals

ANOTHER step which I suspect ought to be taken is for the nursing profession to take over the job of supplying from its own membership a majority of the superintendents of hospitals. There are now about 7,500 hospitals in this country, and their annual expenditures are in the neighborhood of a billion dollars. It seems to me doubtful if any other development would so surely and rapidly tend toward the improvement of nursing education as would the general appointment of nurses as administrators of hospitals.

This would bridge the gap that now exists between the school for nursing and the board of trustees. It would at once make available to nurses a large number of more highly paid positions of important status and responsibility. A large number of the state superintendents of education are women, and the city superintendencies with salaries running up to $25,000 a year are open to them, and some of the most important have been occupied by them. Surely large numbers of nurses are competent to be the administrators of hospitals.

To an outsider it would appear that the position of hospital superintendent is likely to prove almost the key position in the movement to improve the quality of nursing education. Better schools are going to cost more money, and the money must be provided by the votes of the trustees. The officer having the direct access to the trustees is the superintendent of the hospital. Good strategy would seem to indicate that the superintendent ought to be a nurse.

I have just tried to read up on the duties of the hospital superintendent in order to find out what the profession thinks he ought to do about nursing education. I found two recent works on the subject, one book and one booklet. Probably you are familiar with them both. I gather from them that nursing education is one of the things that the hospital superintendent need not bother about. I think the way to remedy that situation is to have the jobs taken over by the nurses who want to bother about education.

Leadership

THE success of such undertakings as I have been discussing will depend on the amount and quality of volunteer leadership that the profession is able to develop. That was true in the cases of public education, and banking, and medicine, and we may well be confident that it will be true in the case of nursing. Fortunately the profession of nursing has always been able to produce distinguished leaders in time of need, and certainly it is able to do so now. I hope you will bear with me for a little while to consider briefly this matter of leadership, for it is not so mysterious as it seems.

I served as chief statistician in the army, and while on this side, part of my job was to deliver five lectures a week, all on the same subject which was: "The Progress of Our Military Effort." These lectures were given in the secret room of the General Staff in the State, War, and Navy Building

in Washington. Each talk consisted of an explanation of a set of statistical charts showing such things as the orders and deliveries of rifles, artillery, ammunition, and airplanes, the transportation of men and supplies to France, the battle losses on the other side, and scores more of similar series of information.

The audiences were small but select. On Monday the talk was given before the members of the War Council; on Tuesday to the generals in command of the supply branches of the Army; on Wednesday to a group known as the Maritime Conference; on Thursday to the Senate Committee on Military Affairs, and on Friday to the House Committee. There were two classifications of information in these lectures, known as A and B. The War Council got all A and all the A there was. The generals got A but not all of it. The members of the Maritime Conference got most of A with a little of B. The senators got some A and a good deal of B. The members of the House Committee got mostly B.

Now my job was to give the lecture bringing all the facts up to date and calling attention to any important new developments, and then to stay there and wait, sometimes for hours, while these men discussed them and decided what action ought to be taken next. That was when I got an opportunity to watch considerable numbers of important leaders in action, and tonight I want to talk to you about how they seemed to do it.

Now the first thing that impressed me when I began my long series of lectures was that there is no way to identify a leader by his appearance or his manner. Some of these men were large, others small. Some were talkative, others taciturn. Some were jovial, and others solemn. They had no characteristics in common so far as appearances went.

My next impression about them was one of disappointment, and it was quite a while before I could analyze the feeling clearly enough to know just why I was disappointed. Finally I realised that it was because, even among the dozens of distinguished men who attended the lectures each week, there was not one who lived up to my mental picture of what a real leader ought to be like.

You know the kind of a leader I mean—the kind described to us in novels, and acted for us on the stage, and portrayed in the columns of the *Saturday Evening Post*. Such a man is the big, self-possessed, forceful man with firm jaw and piercing eye, who always knows what to do and how to do it, and who dominates every situation by the incisive quality of his intellect, and the sheer power of his personality.

That man was not present in Washington. I do not think he is here tonight. I do not believe he exists. I found out later that he was not at our General Headquarters in France, or at the Supreme War Council at Versailles. He was not in evidence at the British War Office in London. After the Armistice, most of the important countries of the world sent the pick of their ablest men to the Commission to Negotiate Peace in Paris, but that typical leader pictured to us in history and literature was not among them. He was not a member of the Dawes Commission, five years ago.

The fact is that in many respects even the most distinguished leaders are very much like the rest of us. I have sat, for hours on end, in that secret room in the War Department listening to some of the ablest men in America arguing, questioning,

hesitating, deciding, modifying, compromising, and then doing it all over again. And yet, of course, the profound fact is that they do have qualities that make them leaders.

Through watching such men as I have been talking about, I gradually came to the conclusion that there are four qualities that all real leaders possess in common. The first of these is knowledge of the field in which they work. I do not mean that it is necessarily the broad fundamental knowledge of the scholar, or the detailed knowledge of the man who writes textbooks. I mean rather the practical working knowledge of his own field that enables a person to face with confidence the unending succession of ordinary problems that come along from day to day in the regular course of business. I think we may feel sure that one of the essentials of leadership is an adequate foundation of knowledge about our own work. Successful leadership cannot be based on ignorance.

The second quality is partly based on knowledge. It is courage. All the men I have been talking about had courage. They were willing to take a chance. They accepted responsibility. A good part of the time they were not sure what was the best thing to do, but they did not tell other people about it. They acted as though they were sure, and because they acted that way other people had confidence in them. We shall make no mistake in accepting as a second principle the proposition that leadership requires courage. It cannot be based on timidity.

The third quality is activity, and it is partly based on courage, just as courage depends in part on knowledge. When these men did not know what to do, they did something anyway. They kept working away at their jobs all the time. By always doing something, and being right most of the time they accomplished a great deal. Persistent activity is one of the essentials. Leadership is never won by inertia.

The fourth quality is one for which we have no single word or term in English. It is the ability to influence the actions of other people. The Spaniards think of it as being just as definite a quality as courage, or vivacity, or cheerfulness. They call it the Don de Gentes, which means the gift of people. It is an effectiveness in contact with others. It might be called a talent for human relationships. It is a special social skill. Fundamentally it appears to be the ability to see things from the other person's point of view, and by use of that ability the power to make him see things from your point of view.

General Leonard Wood had that ability. A colonel in the regular army once told me of his first meeting with General Wood during the Cuban occupation. My friend was at that time a lieutenant, and he delivered some important dispatches to General Wood at his headquarters. In telling me about it he said: "Ayres, I came out of that room feeling that General Wood was the greatest man in the world,—and that I was the next greatest."

The nursing profession has never lacked for leaders from the days of Florence Nightingale on down to our own time. When I was in educational work I used to go up to Columbia from time to time to seek the counsel of Miss Nutting, who always seemed to me to be an extraordinarily wise woman. I had the same sort of regard for the opinions of Miss Goodrich and Miss Maxwell.

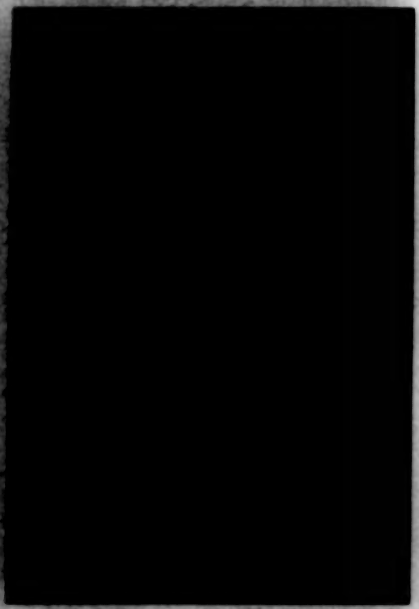
The profession is right in trying to live up to the ideals, and to emulate the examples, of its leaders, and in

holding in reverence the memory of those that are gone. But there is one thing about the leaders that should never be forgotten, and that is that all of them were pioneers, and innovators, and in some degree iconoclasts and rebels. They became leaders through their success in bringing about changes in the conditions under which they worked. They cultivated qualities that all of us possess, and which each one of us can increase and improve if we try. They cultivated those four qualities of knowledge of their jobs, courage, energy, and the ability to influence the actions of others. That is how they cultivated the habit of success.

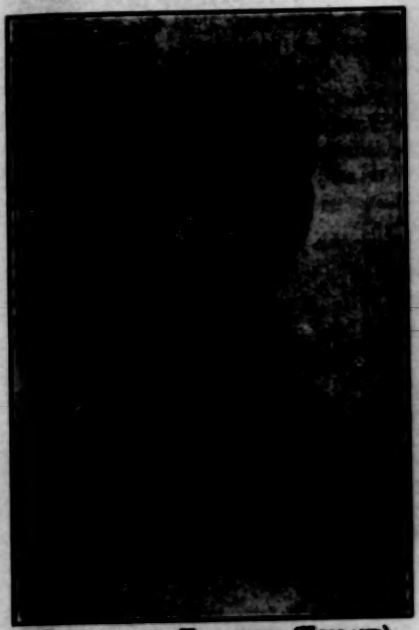
More of Montreal's Distinguished Guests

NEWS received only a few weeks before the Congress, that Mrs. Bedford Fenwick, acting on the advice of her physician, would not participate in the Montreal meetings, came as a shock, for it was known that she was especially anxious to accept the invitation of the Canadian nurses, since Canada is the first of Britain's provinces to entertain the I. C. N. Margaret Breay, long associated with Mrs. Fenwick as Associate Editor of the *British Journal of Nursing*, a Founder member and Councillor of the I. C. N. and Honorary Treasurer of the National Council of Nurses of Great Britain, was nominated to act as Mrs. Fenwick's proxy on the Board of Directors of the I. C. N. The picture shows Miss Breay in the petunia-

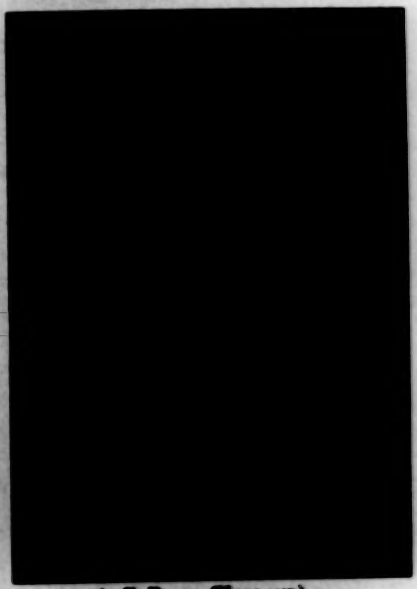
Margaret Breay (England)



Miss Isabella Stewart (Scotland)



BARONESS VAN HOGENDORP (HOLLAND)



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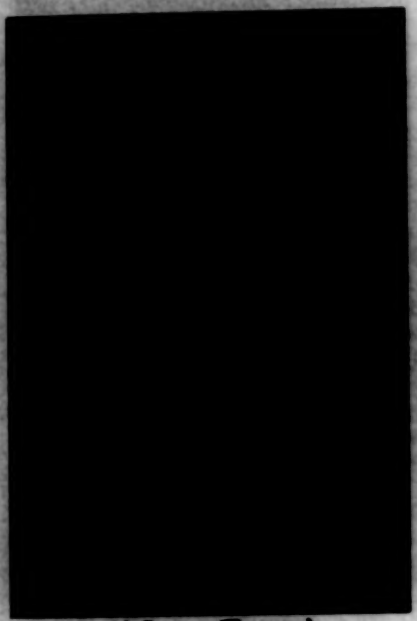

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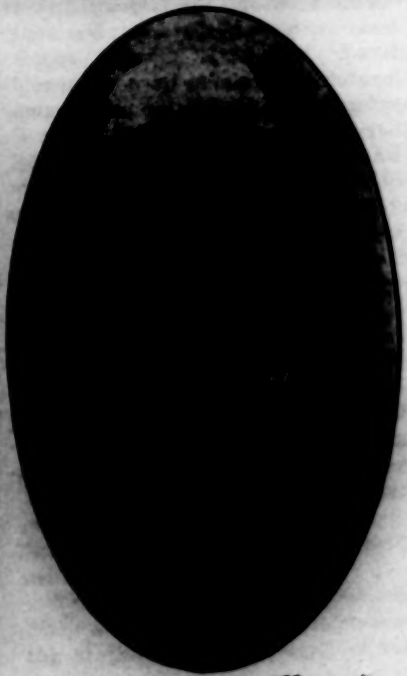


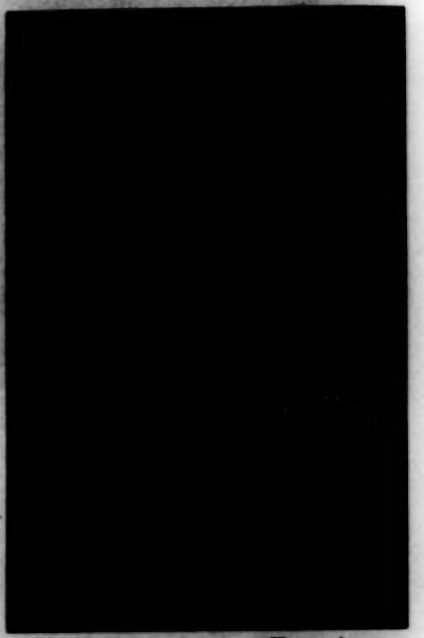
SIGNOR ANDREA ARNSTEIN (NORWAY)

colored gown and the cap of the British College of Nurses, of which she is Vice President.

Mrs. Rebecca Strong, now in her late eighties, will be one of the most notable figures at the Congress. In 1893, Mrs. Strong organised the first preparatory course in connection with any school of nursing at the Glasgow Infirmary, where she was matron. She is President of the Scottish Nurses' Association (organised in 1909) and still takes a very active part in professional life. The vividly inspirational note of her message at Helsingfors still rings true for those who were so fortunate as to hear her.

Holland will be represented by at least three nurses. M. Serton, Secretary of the National Association of District Nurses, represents Miss Kehrer, the President of Nosokomia, the organisation which so courageously "went to sleep" on January first to make way for the new Nationale Bond. Miss Serton, who supplemented her training by work in midwifery in England, is an active member of the new organisation. A. C. Blick, Matron of the City Hospital, Schiedam, Honorary Secretary of the "Bond," will attend the Congress, as will also Baroness von Hogendorp. Following her war work as a V.A.D., the Baroness secured her training in Holland and Java. She is an "Old International," having graduated from the course at Bedford College in London. She is now with the "Green Cross" at Utrecht (a district nursing association), and is Honorary Secretary of the Utrecht Branch of the national Dutch organisation.

Sister Andrea Arntzen, matron of the largest hospital in Northern Europe, Ullevaal Hospital, Oslo, containing two thousand beds, attended the Atlantic City meetings. She is intensely interested in nursing education and is active in the work of the Norwegian Nurses' Association.



Hortense Jackson (Hawaii)

The Hawaiian Nurses' Association is a part of the A. N. A. Hortense Jackson, R.N., is included in this group because she will have travelled the longest distance of any of the American nurses in attendance at the meeting. Miss Jackson is instructor at the Queen's Hospital, Honolulu.

The Scientific Method in Social and Health Work[1]

JULIUS TANDLER

SOCIAL relief and social welfare are modern manifestations of the very ancient human instinct to give help, for the readiness to grant human aid is as old as human civilisation itself. At the outset the granting of individual assistance was based on the law of love of one's neighbor and on religious precepts. The modern tendency towards collective action, a feature of present-day society, has given legislative effect to the will to help, and has led to the adoption of legislative and scientific principles to govern the granting of assistance. What was voluntary has become obligatory and the generous impulse of the individual has given way to regular practice based on exact principles. The whole system of relief in the modern state and in modern economy has become nothing less than a matter of administration in the field of demography. The aim and the object of demography are the management of the organic capital represented by the human beings in a community. If this capital is to be wisely administered, to be preserved, to be in certain circumstances increased and improved in quality—we must apply a system based on economy, more especially on human economy. Instead of the individual act springing from a kind-hearted impulse, we now have an administrative system covering the whole human order and, since to every system of administration exact principles are essential, social care and welfare are strictly derived from exact premises. Logical action is the result of similar premises.

Since, therefore, exact or scientific welfare methods are under discussion I must first of all be permitted to say a few words about welfare itself, that is to say, about organised, practical and economic methods of help. May I be allowed to introduce this subject by drawing a comparison? One of the oldest and most esteemed branches of social care is that of medical aid. It began by being of a strictly personal character, and then its practice became based on tradition and later on science. Medicine in the widest sense of the word is the result of this evolution. Medical science furnishes the principles on which medical aid is based, and this science lies in the hands of the medical profession. Science alone, however, does not suffice, for medicine is more than science: it is both an art and a science, so that a doctor is not only a scientist but something of an artist as well. For in every sphere in which man is brought face to face with his fellow-beings the extent of his influence is due not to the amount of his scientific knowledge, but to the greatness of his art; for the creative artist is one who awakens the dormant soul of humanity.

The entire scheme of social aid is thus based on exact knowledge, and has in the course of recent years developed along such lines; yet it is something more than a science—it is, in fact, like medicine, science combined with art. The welfare expert or social worker, to whatever category he may belong, must be, if he is to be efficient, something of an artist. This necessary combination of qualities explains the fact that so many are called and so few are chosen! . . .

Now, what are these exact premises? They are, firstly, a clear understanding of the social, economic, ethical,

[1] Paper read at the International Council of Nurses, Montreal, Canada, July, 1929, somewhat abridged.

educational and medical circumstances which ultimately and finally make human beings need outside assistance. From the very multiplicity of needs it follows that no single branch of study can be regarded as an end in itself, if the well trained and enlightened expert in social aid is to meet adequately the demands made on him. Social questions are the subject of a particular branch of human knowledge, and social work requires scientific knowledge of purely economic matters. The social worker must, for instance, be acquainted with the trend of the international labor market. He must be versed in the causes of unemployment and the laws governing the unemployment curve. To be an efficient social worker he must know the relation existing between work and wages, and must understand industrial law and labor contracts. Of the utmost importance, too, is a knowledge of social legislation, and it is essential that he should be well versed in that subject. He must understand thoroughly the laws governing unemployment insurance, accident insurance and the whole system of sickness funds. He must know that our modern social work in all its branches is founded on certain definite ethical conceptions. Responsibility on the part not only of those granting assistance but also of those seeking assistance is an essential condition. A proved state of necessity must be morally presupposed, if we desire to keep social welfare from degenerating into ill-advised philanthropy and becoming an instrument for breeding paupers.

Mastery of Scientific Data Essential

WHEREVER social welfare is applied to the young—and helping young people is not only the most fruitful, but also the most difficult branch in the whole scheme of social welfare—a knowledge of education is essential. The problems of the subnormal child, of juvenile delinquency, of mental deficiency and of congenital physical deformities must be grasped; and finally, intimately connected with this, there is a certain amount of medical knowledge—not, of course, the pathology and etiology of the different diseases, which are solely and always the business of the medical man. The social worker must, however, understand the social meaning of tuberculosis, alcoholism and venereal diseases. He must be aware of the factors underlying increased or reduced birth and mortality rates, should he wish to take his share in the task of managing the organic or human capital. . . .

It is not, however, the principles of social work alone which must be acquired scientifically; the daily activities of all social workers also must be founded on an exact basis. In accordance with this twofold aspect scientific methods will now be examined. In doing so we shall have to give a few details concerning the various types of social activity.

The Science of Demography

EVERY branch of welfare is ultimately and finally, as already stated, nothing more or less than the putting into practice of the science of demography, and this is nothing more than the administration of an organic capital. The organic capital itself, however, is composed of the human beings of all classes living within a state or community. In every administration we see responsible heads—men and women whose duty it is to carry out the purposes of the organization in accordance with certain views and within the limits

of present legislation, on behalf of the community. They represent the spirit of the administration, and it is their task to infuse this spirit into the entire organization.

It is quite another matter with the executive officials whose task it is to carry out orders and who are subordinate to one another. For the leaders of the movement, principles are of first importance, and it is prejudicial to leadership when the man at head of affairs concerns himself with administrative details; on the other hand, the breaking up of the great collective ideas into separate individual functions is the duty of the lower-grade members of the administration. To take a simple instance, it will be recognized as a matter of course that the director of a welfare department in a state cannot take a direct interest in the management of a single welfare institution, and it is equally obvious that he cannot interfere with regard to individual social assistance, no more than a hospital director or an eminent doctor can be expected to worry about details of nursing technic. Scientific principles should be similarly classified. The head of a welfare department must not only have precise knowledge of the facts of demography, but must share certain definite views on the subject; for there are various currents in this field of study which influence and dominate not only the spirit, but also the practice of social welfare.

May I be allowed to go somewhat more fully into this question, which is important as regards the whole scientific direction of a scheme of social welfare? The question of population politics is as old as civilization itself, and has fluctuated, of course, in various districts and at different epochs. Every nation, in the course of its history, has sought to claim the largest possible extent of territory, and has soon been led to the conclusion that such a claim can find support only in mere mass of population. That is why each nation wished to increase its population. . . . The object of this type of population politics is concerned with *quantity*, and I have therefore called it "*quantitative* demography." In modern times, on the other hand, it might properly be called "imperialistic." In quantitative demography the relation between the birth and death rates becomes a matter requiring the most precise scientific analysis, in which all action should take its rise.

Qualitative versus Imperialistic Demography

SHOULD a population expert believe that the predominant factor is not to be sought in quantity, but in proper living conditions for each member of the community, and in this cultural development, he will direct his attention chiefly to an improvement in *quality* of the human beings for whom he is responsible. I have called this point of view "*qualitative*" and social, in contra-distinction to the term "imperialistic." . . .

The inevitable and progressive fall in the birth rate and the technic of modern warfare, with its masses of mechanical apparatus and war machines, have convinced politicians, and population experts as well, in all European countries, that the strength of battalions will not be the decisive factor in future warfare. Imperialism still persists in spite of all disarmament conferences, but qualitative demography has gained ground at the expense of the quantitative standard, and we now witness a constantly increasing desire to secure better conditions for the future life of nations—greater care for the young and a

conscious effort to influence their general outlook.

These are fundamental principles with which men and women engaged in directing schemes of welfare work must be acquainted if they are to do their business properly. The policy advocated by leaders obviously finds expression in the executive. The continual attempt to persuade women to have as many children as possible has been abandoned; nowadays the policy is to assist all expectant mothers and maternity cases and to devote special care and attention to every child born. The scientific training of child welfare workers is the expression of this policy, and it is perfectly natural that the training of the social worker should also include the management of maternity clinics, the manner in which welfare centers for mothers should be conducted and the importance of behavior clinics, and so on. It is easy to understand why schools of social work now lay special emphasis on the teaching of these subjects.

The Growing Importance of the Individual

THE individual has gained enormously in value; the general interest has become focussed on his care and his maintenance. However paradoxical it may sound, the war has, by cheapening human life, raised its value. With a view to applying these scientific principles to the different branches of social work, a whole series of schools, formerly quite unknown, has come into being, *e.g.*, schools of social work, schools of nursing, for kindergarten teachers, and so on. In all of them the fundamental scientific principles of social work are taught in a thousand ways and with very varying methods.

The increased value of human life has also led to widespread campaigns against diseases which had long been recognized as the social scourges of civilization—all the more so since epidemics of acute infectious diseases have been almost entirely stamped out. This explains the increased attention at present devoted to the fight against alcoholism, tuberculosis and venereal diseases. In this field also medical knowledge alone is inadequate, for these three social scourges are important rather on account of their social and social-political aspects. Centers for combating drink, venereal disease and tuberculosis require a staff of social workers, who in their turn must be trained on scientific lines.

As already stated, science is of fundamental importance not only in the training of welfare workers but in the exercise of their daily duties. Careful observation of economic and political conditions will never cease to influence the opinions and activities of those who direct the welfare movement in the different countries.

It is quite another matter in the case of the individual executive. He will indeed feel the reactions of important events, although their logical causes are unknown to him; yet in spite of this, every step the social worker takes has, or at any rate should have, some scientific reason. I should like to illustrate this point, also, by a few examples. Every kind of social relief, whether on behalf of the aged or the young, must inevitably develop into family relief. The family is and remains not only the biological germinating cell of the social body, but is also the cell of this body to which we are constantly forced to devote our attention. When, therefore, a child welfare worker has, for some reason or other, to undertake the care of a child, such a case is not in itself

case of poverty or misfortune, but is merely an indication of family poverty or misfortune; thus it becomes the duty of the welfare worker to look after the whole family. Here the scientific method begins with the study of the case history, which must precede case diagnosis. Case history must also start on a scientific basis if a cure is to be effected. The mere enquiry into case history, the questions put to the persons concerned, involve knowledge of a series of different subjects. Each question and each answer must serve a definite technical purpose. Each question, therefore, must be psychologically clear if the answer is to be socially true. Case diagnosis rests on logical conclusions drawn from premises established by case history.

Theoretical Knowledge Required

FOR this purpose, the social worker must not only have the gift of observation, he must also have a large amount of theoretical knowledge, which must, if needs be, find practical application. To recognise unemployment as the cause of family poverty is very easy, but to differentiate distaste for work from lack of work is often very difficult. The problem becomes much more complex when material difficulties are enhanced by those of a psychological nature. Incompatibility of temperament in parents is far oftener the root cause of difficulty in the upbringing of children than any innate anti-social instincts in the children themselves. Here it is often not at all easy to differentiate between the faults of the parents and those of the children. Many cases of child neglect become at once easy to diagnose when antagonism between the parents based on erotic or sexual causes can be brought to light.

The same remarks apply to all forms of "cure." This should, as far as possible, be etiological and aim, therefore, at removing the cause of the evil. A cause such as the unemployment of the father of a family may prove under certain circumstances very difficult to deal with. Relations with unemployment centers or labor exchanges are essential in this case, and that is why it becomes necessary for the welfare worker to understand, to a certain extent, the trend of the labor market. . . .

Unemployment must also be treated in other ways. By placing a young child in a kindergarten or home during the day, the welfare worker can often enable the mother to save and maintain the family by her earnings. For this purpose also some special knowledge is required. In another case, the placing of a sick child in a nursing home, or the help of a sickness fund, may relieve the family burden and increase the mother's chances of finding work. The welfare worker must, therefore, know at any rate the simplest facts concerning sickness insurance and sickness funds if she is to succeed in effecting her "cures."

Thus every step taken by a welfare worker in a case of this kind is seen to be grounded on scientific principles. The cases referred to above are of frequent occurrence, but are still comparatively simple ones. Much harder to solve are those cases of difficult children combined with parental drunkenness, and so on. The welfare worker who looks after a child becomes finally the confidant of the family and should, in all situations and circumstances, stand by the side of the family as adviser and helper. The innumerable complications of modern life make constant demands on the exact knowledge of such a confidant.

We have up to the present discussed child welfare workers, and will

now review in brief the duties of the worker in another field of welfare activities. In earlier times it was invariably the mother's duty to rear and educate her baby. She may or may not have been a suitable person for the purpose. The greatly increased strain thrown on the individual by modern civilization and present economic circumstances have often revealed the incapacity of the mother to fill her part. Years ago men like Pestalozzi and Fröbel recognized this individual inability and gathered children about them, seeking to educate them in kindergartens. The system has been extended and there has arisen not only the psychology of childhood but, as a logical consequence, an educational system wholly confined to the small child. . . . In this field psychological knowledge and educational experience are decisively valuable; here, too, scientifically directed methods are of vital importance.

The multiplicity of postulates of a scientific character which must be mastered are conducive to specialization in some branch of social relief. Thus in the field of social welfare there is an increasing tendency for workers to specialize. Complaints are now being raised on all sides against specialization in medical work, and they will, at a not far distant date, be equally applicable to specialization in the field of social welfare work. Such specialization cannot, however, be avoided. Everyone who has been engaged in welfare work of a responsible nature for any length of time must be perfectly aware of this, and I can confirm it from my personal experience.

Nurses a Mainstay of Social Welfare Work

MEDICAL assistance, being the oldest type of welfare work, developed early. Thus we see, in the international field, the nursing profession put on a progressively scientific basis, and practised in an increasingly scientific manner. The considerable body of nurses of the present day constitutes one of the mainstays of our whole scheme of social welfare. The progress in this sphere of welfare work is really admirable, if only on account of the speed with which it is being achieved. I can remember, from my medical student days, how we looked on the nurses as ignorant women, totally unacquainted with the simplest facts of medical care; they seemed to come straight from the street into the sickroom, seeking employment and a livelihood. They brought to the task mere readiness to help and nothing more. Comparison with the scientific and thorough training of the present-day nurses, as provided in the different schools, will afford some idea of the immense progress achieved. Today the nurse is a real helper of the sick, on whom doctor and patient alike can rely. To readiness to help has been added capacity to help; to qualities of heart, those of brain. Here we see the scientific method in its most perfect form; here daily progress is being made. Unthinking tradition has been replaced by action based on knowledge. Medical progress has become the daily teacher of the nurse. A mere occupation has been transformed into an art.

Progress in other spheres of human relief work has been very much slower, perhaps on account of the fact that the movement is of much more recent date. Man learned early to care for the sick, but was late in raising the fact that help was also required for the healthy suffering from social deficiency. What the nurse is to the physically or mentally diseased, the welfare or social worker is

to the socially sick. In this sphere also assistance consciously based on economic principles has replaced mere relief work, and social workers acquire their knowledge of the subject by study; they are trained in schools which teach them the basic principles of economics and of the social edifice in all its parts.

In this field, too, mass training has replaced individual experiment. And here, again, the demands of specialized social welfare have resulted in the creation of specialists. Nurses for surgical cases are distinguished from those who have studied dietetics, and also from X-ray sisters and sisters in children's hospitals. The same is true in welfare work; child welfare, school nursing and cooperation in the campaign against alcoholism are some of the branches which have developed. They have all justified their existence and have become a need. None the less, wider aspects must not be lost sight of or neglected. Scientific principles may be different, technic may vary, but the fundamental conception remains everywhere the same. Social workers are but the different organs of one large body; they are collectively the executive organ of demographical policy. Each has his special scientific method and uses a scientific technic in accordance with his particular task. The scientific nature of the principles which find their expression in methods of training, in the transition from tradition to teaching, yields a possibility of success—but one possibility only.

The Art of Awakening the Human Soul

THE other possibility lies in personality and cannot, therefore, be learned; it is seen in the art of awakening the human soul, of winning confidence, granting spiritual aid and finally consolation. A nurse is more than a healing machine, a social worker more than a lifeless tool for social aid. They all have souls, since they are human beings. Exact training and scientific equipment may be intensified and increased, yet the limit set to all social aid is and remains in each particular case the personality of the social worker. Nurses and welfare workers of all classes are right to demand improved scientific instruction and preparation. That is what they receive; what they must give in exchange is their strength of soul, and the incarnation of all human aid—the spirit of charity.

A Prayer for Doctors and Nurses

WE praise thee, O God, for our friends, the doctors and nurses, who seek the healing of our bodies. We bless thee for their gentleness and patience, for their knowledge and skill. We remember the hours of our suffering when they brought relief, and the days of our fear and anguish at the bedside of our dear ones when they came as ministers of God to save the life thou hadst given. May we reward their fidelity and devotion by our loving gratitude, and do thou uphold them by the satisfaction of work well done.

Strengthen in their whole profession the consciousness that their calling is holy and that they, too, are disciples of the loving Christ. Though they deal with the frail body of man, may they have an abiding sense of the eternal value of the life residing in it, by the call of faith and hope may they summon to their aid the mysterious spirit of man and the powers of the all-pervading life.—Walter Rauschenbusch, in the *Alumnæ Herald*, Alumnæ Association of the Genesee Hospital School of Nursing, Rochester, N. Y., May, 1920.

The Application of Buck's Extension with Thomas Splint

EMILY CRAMER, A.B., R.N.

I. Introduction
   A. Early, complete, or gradual correction of shortening and malalignment, due to fractures or other injuries, may be gained through continuous weight traction which acts constantly until connection is made or union is firm. One device used to accomplish this is Buck's Extension with Thomas Splint. Buck's Extension may be used alone, in the case of small children.
   B. The Thomas Splint acts as a support and aids in the immobilization of the fractured limb during the period of extension.

II. Indications for use:
   A. Fractured shaft of femur.
   B. Fractured shaft of humerus.
   C. Muscle contracture.
   D. Deformities.

III. Articles Necessary:
   A. Anesthetic outfit, if an anesthetic is to be given.
   B. Bed with Balkan frame.
   C. Wooden spreader, 4 x 4, with hole in center through which is run a cord for attaching weights.
   D. Thomas Splint well padded.
   E. Small pulleys.
   F. Weights.
   G. Rope.
   H. Padding for ankle or wrist.
   I. Moleskin adhesive and zinc oxide adhesive.
   J. Ether (for moistening moleskin).
   K. Three-inch bandage (for additional fixation of moleskin).
   L. Six-inch bandage for sling.
   M. Safety pins.
   N. Tacks and hammer (if used).

IV. Preparation and Procedure:
   A. Assemble all articles necessary.
   B. Remove the top bedding except sheet and blanket.
   C. Cleanse the injured extremity with soap and water.
   D. Shave carefully so as not to chafe the skin.
   E. Prepare adhesive.
      (1) Two strips of moleskin adhesive, about three and one-half inches at one end, tapering to about two inches in width, long enough to extend from the site of fracture to the malleolus or wrist, plus eight inches.
      (2) Cut down at the wider end into two or three strips, each about five inches long, so the pull can be spread over a larger surface, thus lessening the chance of slipping.
      (3) Prepare two narrow strips of zinc oxide adhesive, the same length as the moleskin, for reinforcement.
   F. Attach the wooden spreader to the adhesive, either by means of buckles and straps, or by tacking.
   G. Pad the ankle or wrist.
   H. While the extremity is held in the desired position, the adhesive moleskin is applied, (having first been moistened with ether), extending in a straight line both on the outer and inner surfaces of the extremity from the site of fracture to the malleolus, plus about six

inches beyond (crinoline is left on the extra moleskin).

I. The narrow strips of zinc oxide adhesive are applied, extending spirally from the malleolus or wrist around the extremity to the site of fracture, crossing in the mid-line to the knee and thigh, or elbow and arm.

J. Bandage the limb with three-inch bandage, starting from the ankle to the thigh, or wrist to the axilla.

K. Slip the ring of the Thomas Splint over the foot and leg, or hand and arm, and push firmly against the hip or shoulder.

L. Knot the cord, run through hole in wooden spreader then over pulley and attach to the weights. The rope from the spreader may be fastened to the cross bar of the splint, the weights then being attached to the end of the splint by means of rope and pulley.

M. Make a sling for supporting the extremity by passing six-inch bandage or canvas strips around the inner bar or upright of the splint, carried under the extremity and fixed on the outer upright by means of safety pins.

N. Hang the splint from the Balkan frame by cords attached to the two ends of the splint—the upper ring and the lower end beneath the foot or hand. (The splint must be suspended and swing free from the bed.)

O. Elevate the foot of the bed by raising it on blocks; or extra weights may be hung on the over-head rope controlling the splint, as counter- or balancing weights.

If the patient is a small child, the Buck's Extension is usually used independent of the splint; the extremity being elevated and held in extension by means of the moleskin adhesive attached to the weight by the cord from the spreader.

In case of a fractured humerus, traction may be made toward the side, over the head or back of the head, the weight being carried over a pulley fastened to a wooden horse the necessary height. The Thomas Splint may or may not be used.

After-care of Patient in Buck's Extension with Thomas Splint

I. Precautions:
- A. Maintain correct position.
- B. Guard against pressure sores on bony prominences.
- C. Watch for cyanosis of limb, since this would indicate poor circulation.
- D. Keep the extremity warm.
- E. Care for drainage adequately.
- F. Prevent foot drop by proper support.
- G. Watch for numbness of the fingers or toes which might signify a nerve injury.

II. Bathing the Patient; Making of the Bed:
- A. Assemble all articles necessary.
- B. Give bath and make bottom of bed in usual manner.
- C. Arrange the pillows so the patient is in semi-recumbent position taking care that no hollows occur under the back.
- D. Lubricate the foot or hand of the injured extremity with olive oil.
- E. Proceed with the making of the bed.
  - (1) In case of a leg in extension, the top bed is made in two sections.
    - (a) Upper section—The upper part of the body

is protected by a sheet folded nearly double, enclosing a doubled blanket, the upper hem of the sheet being folded down as if over a spread. Bring well down to Thomas Splint and tuck in at sides.

(b) Lower section—Make lower section of the bed in the usual manner. Fold under the upper margin of the bedding to fit neatly about the leg and under the margin of the upper section. Pin neatly with safety pins on either side of the splint.

(2) A piece of blanket may be wrapped around the extended leg, covered neatly by a small sheet or pillowcase and pinned in place.

III. Feeding the Patient:

A. The patient is usually able to feed himself.

(1) Prop the patient in sitting or semi-recumbent position, (in case of leg injury) and place the tray either over the abdomen or at the side.

(2) The patient should be encouraged to drink from a glass; if unable to do so, he may use a straw or a glass tube.

(3) If the patient has an arm in extension, he should feed himself with the other hand—either left or right—if he can do so without fatigue or discomfort.

IV. Toilet Care:

A. Precautions:

(1) The linen should be kept clean, dry, and free from wrinkles.

(2) The patient should be well cleansed and dried after the use of the bedpan to prevent any additional chafing.

V. Mental Hygiene:

A. After the first few days, the patient becomes accustomed to this position and is able to assist himself in many ways, as feeding, bathing, and toilet care.

B. The individual with a leg extended is able to move about and help himself by systematic exercise of the joints, which has a beneficial effect on his entire body.

C. If an arm is in extension, the problem of caring for the patient is harder. He will be able to assist himself to a less degree.

D. Reading, companionship, cheerful surroundings, and occupational therapy will help much in preventing the tedium of hospitalization.

Private Duty Nursing[1]

I

Modern Developments in England

ISABEL MACDONALD, S.R.N., F.B.C.N.

THE evolution of the private nurse from the obedient and undiscerning handmaiden to the skilled and discriminating assistant of the patient's medical attendant has been inevitable, for with the development of medical and surgical science the medical practitioner relies to a greatly increased extent upon her knowledge, initiative and resource. Between his visits to his patients in private houses she is his deputy, in responsible charge of the patient, the degree of responsibility entrusted to the nurse varying in different countries with the outlook of the physician or surgeon. He is wise if, having convinced himself of the soundness of her professional knowledge, whether by ascertaining that she is a registered nurse, in countries where state registration of nurses is in force, or otherwise where it does not exist, he treats her as a trusted assistant and gives her an assured position in the household by making plain to the relatives the value he sets on her services.

The patient also is wise to place his confidence in her, realising that, beneath her quiet exterior, there is a reserve fund of knowledge, so that she can be relied upon to cope efficiently and with self-possession with any emergency which may unexpectedly arise.

Well trained private nurses today are ready with intelligent self-reliance to assist the medical practitioner, and loyally to carry out his instructions for the treatment and care of the patient. Moreover, our young nurses of the present day, with their gay courage and brightness, are adepts in the art of suggestion, and thereby produce better effects than medicine on the physical body. Knowingly or otherwise they have a wonderful fund of practical knowledge in the field of psychology, gathered most of it in the school of experience; and surely this knowledge which many nurses so absorb that it becomes part of themselves, develops in a certain sense into intuition, and is indeed a modern trait which is practically a necessity in a nurse, at the present time, when people are admittedly less prepared to bear sickness and pain with the stoicism and patience that belonged to days when the wheels of life moved so much more slowly and put, in comparison with the present, but a small strain on the nervous system. Moreover, the modern nurse is no longer wanted as a person who is to be regarded in the light of a sort of field marshal in the sickroom—"she who must be obeyed." This is the age of the development of free will, and the patient must not feel that his is restricted; the nurse must be able to get her own way without his knowing it.

Another requirement in the modern private nurse is that she must be a conversationalist. The most forceful and successful private nurses at the present time are those who have wide interests, for then, also, are they likely to be large-hearted as well as deft-handed. The days when the nurse who smoothed the fevered brow, or

[1] Papers presented at the Private Duty Section of the International Council of Nurses, Montreal.

gently laved it with eau-de-cologne, was considered an ideal private nurse are long past; she has got to get right *inside* that head with refreshing news from outside the sick room, and to be ready to drive into the patient's mind some suggestion, or some new thought, that will break the habit, so characteristic of people at the present day, of letting their minds continually dwell on their symptoms.

Many changes have taken place in private nursing since the days when, in 1840, owing to the efforts of Mrs. Elizabeth Fry, the Institution of Nursing Sisters was established, followed by the Community of Nursing Sisters of St. John the Evangelist, and the Nursing Sisterhood, founded by Miss Sellon in 1848, since Sister Dora joined the Sisterhood of the Good Samaritans, and Dickens created the incomparable Sairey Gamp, no doubt a fairly accurate portrait of a nurse as he knew her.

In those early days three months of hospital training were usually considered sufficient as preparation for the duties of private nursing, and it was thought that nurses without sufficient capacity for hospital work could be relegated to this branch of our profession. Now we know that it requires women of much experience, since for the most part their work is unsupervised; they must be discreet, conscientious, and possess initiative, so that, should occasion require, they can act promptly and wisely and each must have a personality which makes her acceptable to her patients, and a support and comfort in a house of sorrow. There is no need to emphasise the fact, therefore, that the greatest care is needed, on the part of those supplying private nurses to the public, to select nurses possessing both the necessary personal and professional qualifications.

The Standard of Nursing Education

THE requisite standard of training for nurses in England, at the present time, is at least three years in a general hospital, or hospitals, approved by the General Nursing Council for England and Wales, and I am aware that this standard is adopted in other countries; but the private nurse, to be thoroughly equipped for her work, needs considerably more preparation. Training in the nursing of sick children, in infectious nursing, in mental nursing, and in midwifery or maternity nursing, is also desirable, and although few private nurses possess all these qualifications, many possess one or more, and the ideal that they should have all is one to be aimed at, for in the course of their work their services are liable to be called upon in connection with any of these branches.

The Professional Position of the Private Nurse

THE modern registered nurse is a professional person with a defined position and a state qualification, and medical practitioners, from loyalty to an associated profession on whose help they are so dependent, and patients or their relatives, for the protection of the sick person, should assure themselves that a nurse holds the state qualification before permitting her to undertake duties requiring knowledge and skill, and before admitting her to the intimacy of their houses.

It is an anomalous position that, although the Nurses' Registration Acts in Great Britain have now been in force for over nine years, there are still hospitals and nurses' coöperations which do not require that nurses who join their private nursing staffs shall be state registered nurses. For the maintenance of their professional position registered nurses should make a

point of only joining coöperations or institutions where this rule is in force, and, further, should refuse to work on terms of equality with unregistered nurses.

Living-out System

ONE development of modern private nursing is that more and more the nurses go out from their clubs, small flats, or their own rooms, to nurse their cases; they become day or night workers like other folk doing a definite stretch of duty. This arrangement is wonderfully popular among the private nurses; it gives a sense of freedom and release that they certainly appear to appreciate in spite of having to turn out into the dark night or to take a journey on many a cold morning.

But out of this there arises the difficulty that it is frequently not easy for nurses to find hostel accommodation suited for their peculiar needs; in the cities especially it is often difficult to find a headquarters where those in charge will take the trouble to allocate the quietest rooms available to nurses compelled to sleep in the daytime, and even when this is so, it involves frequent changing of their apartments as they go on, or come off, a spell of night duty. Many nurses find the solution of the difficulty by taking a room or rooms, with a telephone, in a quiet neighborhood, and coming to an arrangement with their coöperation that, as far as possible, they will be given non-resident cases; this request is usually acceded to, with the stipulation that the nurse in question must be content to wait until such a case comes in, not as a rule a very serious consideration in these days when non-resident cases are so frequent. Thus the nurse solves for herself the headquarters question and thereby is usually able to cover her maintenance expenses at a considerably smaller figure than it is possible to do at a club, and to keep well within the sum charged to the patient for her board. Many nurses, however, dislike living anywhere but in a community, and the independence and isolation of a room has for them no appeal.

It sounds paradoxical to indicate, as a modern development of private nursing, the scarcity of surgical cases. Only comparatively rarely now does a nurse go to an operation in a private house and take over full charge of the case from start to finish. Surgeons, nowadays, usually insist upon operating in hospitals and nursing homes, and the private nurses are ordinarily called in merely to "special" a case during its critical stages and most often for night duty, an arrangement which frequently deprives them of any duties in the theatre during the operation and of those connected with subsequent dressings.

In another sense private nursing has altered and become more restricted; very few are the chronic cases that fall to private nurses at the present time; this is largely due to the fact that the nurses' fees have been much increased of late years, and only people whose means are considerable can go on paying indefinitely perhaps four guineas weekly for a nurse, or six if she has to sleep away from her case. But a factor which has influenced this scarcity of chronic cases is the entrance of V. A. D.'s (Members of Voluntary Aid Detachments) in such large numbers into the field of private nursing work since the war. Many of those are employed by doctors, particularly in the provinces, and there is no doubt that they enter into serious competition with fully qualified nurses, especially as most of them are prepared to charge a much smaller fee for their services.

Of recent years nurses have, from time to time, and with varying amount of success, tried to establish themselves in visiting nursing practice,[1] but here again they have to contend with competition from the partly trained. What was once part of the visiting nurse's practice, namely massage and electrical treatment, has been absorbed into the Red Cross Centers to a considerable extent, while many other V. A. D.'s have taken special training in this branch of work and are visiting the patients in their own homes.

The Economic Position

PRIVATE nursing is one of the few branches in which a nurse can build up a practice of her own, whether in connection with a coöperation, which is the wisest course, or individually.

In the development of any business the competitors who will be encountered must be taken into consideration, and those of the private nurse are many and powerful, threatening indeed to crush her out of existence.

In the first place, many hospitals have now private nursing staffs attached, which are able to undercut the independent private nurse, firstly by charging a lower fee than one which is an economic wage, and further because their nurses, between their cases, can be housed in the nurses' homes attached to the hospitals which are built and maintained by private benevolence. What is further serious is that the committees of these hospitals are able to secure the support of members of the present and past medical staffs, thus restricting the legitimate sources from which independent, private nurses would otherwise draw their clientele of doctors. Add to this the facts that many hospitals are opening wards for paying patients, thus decreasing the number of patients nursed in their own houses, that many doctors now send their patients into nursing homes, that a considerable number of massage and chronic and other lengthy cases are absorbed, as before mentioned, by V. A. D.'s, and that registered nurses in private practice have to compete in the open market with the unregistered, and it is obvious that the position of the private nurse is serious. Also, the nursing increasingly provided by insurance societies as part of the benefit contracted for by their clients must be taken into consideration, although this may perhaps be regarded as a new opening for nurses, provided that these societies undertake only to supply registered nurses.

It will be realised, therefore, that private nursing in Great Britain is still entirely unorganised and that the competitors of the nurses—including powerful voluntary hospitals—are formidable indeed; it is a very difficult matter to maintain organisations of private nurses and it is essential, if they are to maintain their position in this, and indeed in any country, that the nurses shall coöperate, and combine in order to organise effectively.

[1] The term "Visiting Nursing Practice," as used in England, applies to that branch of private nursing in which nurses go out to private cases on periodical or single visits in order to do massage, dressings, or such other special treatment as may be ordered by the medical man.

II

The Status and Problems of the Private Duty Nurse in South Africa

A. S. GORDON

PRIVATE duty nursing consists principally of the bedside care and nursing in their own homes of sick people who are in a position to pay for the skilled services of a fully qualified general nurse or midwife.

Nursing is a sacred calling, for the nurse has to deal not with mechanical things, but with sick bodies and often with bruised souls and broken spirits. Her touch must be very sure, her outlook very tolerant, her attitude very tender. She needs—she alone knows how much—the spirit of wisdom and understanding and a right judgment in all things.

Thirty years ago, private nursing in South Africa was in its infancy. There were very few trained nurses available for private work, and less demand for the services of those attempting to earn their living in that way.

The demand for the trained nurse and midwife gradually increased as her value became known to the general public, until, at the present time, during the busy season, the supply barely meets the demands made upon it, in spite of the large band of trained nurses who are devoting their lives to private nursing.

The conditions of work have also greatly improved, as it is now unusual for a nurse to be asked to do more than twelve hours' duty in the sick-room. Although this is still too long, it is a vast improvement on a sixteen-hour day, or even longer. More consideration is given to the comfort of the nurse, and if there is no room in the home of the patient, the nurse is allowed to go to her own home to sleep. The general public is beginning to understand that a nurse is a human being, and that if she is to give of her best, she must have a sufficiency of rest and recreation.

The ideal private nurse is one who, first and foremost, knows her profession thoroughly, so that she has complete confidence in herself, without which she cannot inspire trust and confidence in her patients and their friends. Of equal importance with skill in her work are common sense, tact and adaptability. She should possess the gracious charm of real sympathy, combined with willing service.

Private nursing offers a certainty of earning a living, cleanly and usefully, but it is a life of hard, trying work. This is especially true when, through pressure of work, the nurse goes directly from one heavy case to another.

No one outside the profession of private duty nursing can realize how hard, how continuous, how exacting and responsible the private nurse's duties are.

Private nursing differs in South Africa from elsewhere, inasmuch as many of the patients are of a different class. In the older countries the working-class patients either go to hospital or manage with daily visits from a district nurse. In South Africa, money is more plentiful, and consequently the private nurse is in greater demand, especially amongst the Jewish families. The homes are not always of the cleanest or most

comfortable, and it is trying and difficult for a Christian to remember all the restrictions placed upon some articles in daily use.

Private nurses working in any of the large centers, such as Durban, Johannesburg, Pretoria, Bloemfontein or Cape Town, are liable to be sent into the depth of the country, sometimes making a journey of four hundred miles into one of the native territories, such as the Transkei, Namaqualand, Zululand or Basutoland.

The native territories are tracts of land set aside and reserved for the native tribes of South Africa. No European may buy land or settle permanently in these special parts. The European communities in the villages consist chiefly of government officials, a medical man and clergyman, and one or more trained nurses in the government hospital. There are usually two or three trading stores, and the storekeepers, with their wives and families, make up the total. These people live surrounded by thousands of natives.

Again, a nurse may be sent to river diggings, or to a railway construction camp, where the only means of getting from one case to another is by a railway trolley pushed along the railway line by the natives at work on the permanent way. Or, it may be that she is sent to a lonely farm, many miles from medical help. These cases try a nurse's skill, power of endurance and resources, very highly.

Nursing is rendered very difficult in these outlying districts by the lack of water, adequate appliances and sanitation. The language is also a difficulty to the British-trained nurse where Afrikaans is the language in daily use.

The private duty nurses have a splendid opportunity of teaching hygiene and the best methods of preventing disease, and I am proud to say that they are a very fine body of women who take every opportunity of helping not only the patients immediately under their care, but all with whom they have come into contact.

The great need of the country is bi-lingual district nurses, who are fully qualified in general and midwifery nursing. Unfortunately, these nurses prefer working in the towns where life is not so strenuous nor so lonely.

The work of the private nurse is very varied. She is called upon not only for private homes, but for small cottage hospitals in order to fill emergency vacancies, and for special work in the private nursing homes.

Nursing conditions are practically the same all over the Union of South Africa and in the Rhodesias. The fees vary slightly in the different provinces. In Natal, the Transvaal and Orange Free State the usual fee is £5.5.0 for a week for medical or surgical cases; £1.1.0 for a single day or night; £6.6.0 for infectious, maternity or mental cases. In the Cape Province, the fees are £4.4.0 a week for ordinary cases; £4.14.0 for infectious cases and £5.5.0 per week for mental or maternity cases. 15/- is the fee for a single day or night. In Rhodesia the fees are £1.1.0 for a single day or night and £7.7.0 a week for all cases.

The problem of the private nurse is how to save a sufficient sum to enable her to live comfortably after she has ceased to earn. She has no pension and living expenses are fairly heavy. She has to pay anything from £3.0.0 to £5.0.0 per month for her room. If work is slack she may only work for two weeks out of four, and she must always reckon on having three idle months out of every twelve.

III

Private Nursing in New Zealand

JESSIE BICKNELL

ONE of the most valued and useful branches of the nursing service is the branch of private nursing. It is a great factor in the life of our community, and could not be dispensed with easily. It fills a great need for the sick who have to be nursed in their own homes, or wherever they make their homes. Private nursing extends all over New Zealand, in the country as far as is required and in the city with its conveniences in the way of transport, telephones, and the services of doctors. The call and demand for private nursing is met by a large number of private nurses who are always ready and equipped to go off at a call wherever that may be.

In the large towns, and also in some of the smaller ones, there are residential clubs for state registered nurses; in our two largest towns, Auckland and Wellington, these clubs are owned and run by the local Trained Nurses' Association, while in the other centres the clubs are privately owned by experienced nurses, and are run for the convenience of the medical practitioners and nurses in private practice.

In all cases nurses are encouraged to belong to the Trained Nurses' Association, but in the case of those making use of the Association clubs, this is compulsory. To become a member of the Registered Nurses' Club a nurse must be recommended, and on coming into residence her name is placed on the list of nurses awaiting calls to cases. When the medical practitioner rings for a nurse, unless a special request is made for any particular nurse, the first on the list is sent to the case; but in the event of the nurse refusing the case, her name is placed last on the list, the work being allotted in rotation.

Nurses when not in residence pay a small fee for the use of lockers, and space for the storage of luggage, and are assured of a room on the termination of their engagement. Some nurses live in their homes and work in conjunction with the local club, paying a small fee for each case, while a few work independently receiving calls direct from the medical practitioners.

Needless to say, work fluctuates considerably according to the time of the year, and the prevalence of sickness; at times there is not a nurse to be had and at other times many nurses may be waiting for days to work; fortunately this does not occur very often.

Owing to the domestic problems of the times, private nursing is strenuous and is not very inviting and each year calls fewer to its ranks. There are a few instances where the patient is the only care and responsibility of the nurse, and frequently through force of circumstances a nurse has to undertake numerous duties and long hours; some people are most considerate, generous and grateful, and a nurse realising the many difficulties cheerfully does what she can in the emergency, but there are other circumstances when the nurse is expected to do twenty-four hours, more or less, and is grudgingly given her fee; very fortunately the latter cases are in a minority and it is the domestic difficulty which is the greatest bug-bear especially to the midwifery nurses.

Nurses visiting us from other countries who wish to work here must first

apply for registration in New Zealand; this is a simple matter where reciprocity exists between their registration and ours.

The following is the scale of fees of the New Zealand Trained Nurses' Association:

Medical and surgical cases	£4- 4-0	per week
Infectious	£4-14-6	" "
Mental cases	£3- 3-0	" "
Alcoholic cases	£3- 3-0	" "
Maternity cases	£4- 4-0	" "

Traveling expenses and board, in the event of a nurse living out, are paid by the patient.

Nurses are responsible for their own laundry, both uniform and personal; this is an expensive item, as the laundries charge 1 s. 6 d. per overall (coat-frock) and the average used is six per week, this alone taking considerably from the profit.

The Medical and Surgical Nurse.—Owing to the facilities for surgical work in the many private and public hospitals, and the inconvenience, risk and unsuitability of operating in a private house, operations, unless very small, are only performed in hospitals, with the result that private nursing is practically always medical; the length of a case varies according to the condition being acute or chronic. In the acute stage, a day and a night nurse who do a twelve-hour duty may be employed, but if the patient cannot afford this and relatives are able to help with the nursing, the nurse endeavors to arrange matters so that she has eight hours' sleep, and in the early stages if the patient's condition is critical she will forego her two hours' exercise, but as soon as possible this is arranged for, and usually both patient and relatives realise how necessary this is for both physical and mental fitness.

The Special Nurse.—Private hospitals frequently employ a nurse to special a seriously ill patient, or one who can afford and demands extra attention; this is most frequently for night duty, and the hours are usually from 8 p. m. until 8 a. m., the nurse taking full charge of the patient for this period, and receiving any necessary help from the hospital staff. The fee is paid by the patient, one guinea the first night and 12 s. 6 d. the succeeding nights, or four guineas a week. In the event of day-specialling, the duties are similar and hours are arranged with the hospital matron.

The Visiting Nurse.—In many cases where a full-time nurse is unnecessary, a visiting nurse is of great assistance; she receives her calls either direct from the medical practitioner or through a nurses' club. Her work varies and consists of sponging patients, syringing ears, doing dressings, etc. Minor operations, such as circumcision and tonsillectomy, are still occasionally done in private homes and call for the attention of a nurse for a few hours. Her fee varies according to the work undertaken and the time involved; her mode of transport is by motor car or, in less prosperous circumstances, by bicycle.

The Midwifery or Maternity Nurse.—The midwifery and maternity nurse plays a very important part in private nursing. She endeavors to book her cases in the early stages of pregnancy, so that if the doctor wishes her to look after or arrange for the antenatal care of the patient (reporting to him) this can be done satisfactorily. The scope for the midwife in private practice in New Zealand is not very great, as the average patient prefers to have a doctor in attendance, and the midwife is only too willing to share the responsibilities with the medical man. If the midwife undertakes the case entirely on her own, she charges one guinea for the confinement in addition to her ordinary nursing fee.

There are many cases where the mother and baby are the nurse's only responsibility and the home conditions are very satisfactory, then again there are the cases where she has to take charge of the household and the children, sometimes with good, or indifferent help, and at others with none at all, needless to say these difficulties are making this branch of nursing less and less attractive.

The term of engagement varies from two to four weeks according to the means of the people, and the fee is four guineas a week, and two guineas waiting fee for the first week. Notwithstanding the many difficulties met with in private nursing, there are a great many nurses who prefer this branch of work, and who are rendering very valuable services to the community.

Normal Salt Solution

As Prepared at the Children's Hospital, Boston

EACH morning the operating room sends a bottle of freshly distilled water to the druggist who then makes up a stock solution of 10 per cent saline, using chemically pure sodium chloride, which is sent back to the operating room.

We then make our normal solution from this, putting it in flasks containing one pint. Of the 10 per cent solution we use 1⅓ oz., and 14⅔ oz. of freshly distilled water. This makes a .9 per cent solution. The solution is filtered four times in the 1,000, c.c. flasks. We use filter paper and glass funnels. The flasks are corked with gauze plugs which are covered with compress and held in place with strips of gauze.

The flasks of normal salt solution are autoclaved at 10 to 12 pounds' pressure for one half hour. We find that the decrease in the amount of solution is negligible. These flasks are labelled with the date and time when they are taken out of the autoclave, and no solution which is over twenty-four hours old is ever used for intravenous work. Our water is distilled by a Barnstead distillery, the water of which at regular intervals is tested by the laboratory technician. Glass flasks should be of the very best grade of glass, otherwise the extreme heat may cause deposits of silicates to appear in the solution. We do not test for hypotonic or hypertonic strength, because if the sodium chloride is properly weighed and the water is properly measured, this should not be necessary.

New rubber tubing which is being used for intravenous work is allowed to stand four hours in a dilute alkaline solution, followed by four hours in a weak acid solution, followed by four hours in cold distilled water. It is always boiled for ten minutes before using.

We have no reaction from our intravenous solution. Answering the questions, one of our physicians states that the reaction may take place during the intravenous injection or any time up to twelve or twenty-hour hours. However, he did not feel that one is likely to get a reaction from a salt solution which has been properly made. Of course if a hypertonic solution were given, it would result in rupture of the red blood cells and death would result.

Grading Has Begun

THE final steps in grading are begun. The table and two diagrams which accompany this article tell the story of the returns. The first diagram shows all the schools of nursing in the country classified according to the sizes of hospitals with which they are connected. The heights of columns show the numbers of schools belonging to hospitals of less than 50 beds, 50 but less than 100, and so on. The black portions show the schools which have not joined in the grading study; the white portions those which have. It will be noted that the larger the schools the better the returns. While about one-third of the schools connected with hospitals with less than 50 beds have responded to the grading invitation, 86 per cent of those between 200 and 500 beds, and 91 per cent of those between 500 and 1,000 beds have already sent in their reports.

The percentage drops somewhat for schools connected with hospitals with more than 1,000 beds. This is probably because in addition to some excellent schools, that group contains quite a number of large state or municipal institutions which either have no regular schools of nursing and receive pupils for affiliation only, or in which the schools of nursing are not among the dominant interests of the institutions.

In a similar way the second diagram shows the returns classified by type of hospital control. More hospitals are classified by the American Medical Association as "independent" than of any other type. In this group 64 per cent, or nearly two-thirds, have sent in the grading reports. Schools under church control are next largest in number, but lead the field with an 80 per cent return. The smallest groups, both numerically and in per cent of returns, are those connected with hospitals controlled by individual owners or partners, or run by fraternal or industrial organizations.

The table which accompanies this article shows the returns by states. The District of Columbia, with a 93 per cent return on its 14 schools, and Michigan, with a 90 per cent return on its 51 schools, lead the field. No state has quite reached 100 per cent. Neither is it true that the schools not reported are all "those not accredited or existing for affiliation only." Some of these are in the not-reporting group, but in other cases schools which are officially recognized by their states have failed to grasp the opportunity offered them. In general, however, the returns are most encouraging. The present figures (which may be changed as individual reports are read more carefully) show that 2,215 schools received invitations to join in the first grading. Of these, 1,430 have sent in their reports. Only 785 have not. This is a 65 per cent return, which, for this particular type of study, involving as it does many hours of work on the part of those receiving the questions, is considered by statisticians exceptionally high.

At the end of the table is a statement for each of the nine geographical divisions. The Pacific States lead the list, with a 79 per cent return. The Middle Atlantic and East North Central States are respectively 74 and 73 per cent. At the bottom of the list come the South Atlantic, the East South Central, and the West South Central States. Some explanation for the relative positions of these states is found when more detailed analysis is made.

Schools of nursing in the Pacific States are, on the average, connected with larger hospitals than schools in

FINAL RETURNS ON FIRST GRADING

[illegible] schools in the Middle Atlantic States fall in this same group; but in the South Atlantic, East South Central, and West South Central States, the corresponding per cents are only 11, 6, and 14. In the Southern States one-third or more of the nursing schools are connected with hospitals with less than 50 beds.

other states. Thirty-seven per cent of the schools in the Pacific States are connected with hospitals with 200 beds or more, while 34 per cent of the

States which are high in grading returns are apt to have rather high percentages of schools connected

either with independent hospitals or with church-controlled hospitals and low percentages for individual or partnership control. The South Atlantic, East South Central, and West South Central schools are noticeably high in the number of hospitals under individual or partnership control. The per cents for these three sections are 19, 29, and 20, as compared with 1 per cent in the Pacific States, and 3 per cent in the Middle Atlantic. The West North Central States have 7 per cent, New England 4, and Mountain 4.

Nurses who worked into the small hours during the week of May 12–18 may perhaps find some consolation when they think of the task which faces the members of the Grading Committee this summer. They can be assured, however, that the Grading Committee staff is already finding ample satisfaction in the work before it. It is rare indeed for any statistical office to have access to such a gold mine of professionally significant material.

For purposes of carrying on a confidential study, each school has been assigned a number. This number is stamped in the upper left-hand corner of every report sheet sent in from that school. In making tabulations, the number of the school is entered on the sheet, but not its name. This not only speeds up the work, but makes it possible for the Grading Committee to present detailed tables on findings to members of the Committee, or to professional consultants from outside, without involving the use of names. The identities of the schools can be fully guarded, while at the same time any questions necessary may be raised as to the implications of the figures.

Some idea of the generous response from schools of nursing in all parts of the country may be gathered from the following figures based upon careful measurements of reports received:

If the folders for the different schools were laid flat, one on top of the other, they would make a pile four stories high.

If the student nurses forms, alone, were laid end to end, they would carpet a path eighteen miles long.

If all the forms were used, they would serve to paper the walls of a home for 2,500 nurses, allowing ample frieses for corridors.

Health Work in Industry

SURVEYS made in this country indicate the following types of industrial medical personnel: A doctor on call, a doctor on part-time, full-time nurse and doctor on call, full-time nurse and part-time doctor, full-time nurse and full-time doctor.

It is readily understandable that the personnel depends in large measure upon the size and character of the plant. In the larger plants, physicians are generally employed on full time, though their services may be supplemented by others who give only a part of their time to the work. In many instances, all the medical work is in charge of a physician employed on a part-time basis. Physicians "on call" sometimes supplement the work of physicians regularly employed.

Nurses play a highly important rôle in the work of the industrial medical department. Their duties are dependent upon the size of the organization, and range from those of an assistant to the physician, in the more highly developed department, to those of director of the medical department in the smaller establishment. In many instances the nurse is of utmost and advantageous importance to the plant in visiting sick and injured employees in their homes. Industrial nurses constitute the connecting link between the employment department and the medical department, and it is through them that the value of the medical department is interpreted to the employee, the personnel department, and the management. —Bernard S. Coleman, Executive Secretary, Hudson County (N. J.) Tuberculosis League. Read at Annual Meeting, New Jersey State Organization for Public Health Nursing, Jersey City, April, 1929.

Nursing by Religious Orders in the United States

Part II—1841–1870

ANN DOYLE, R.N.

"Both justice and decency require that we should bestow on our forefathers an honorable remembrance."—THUCYDIDES.

(The limitations of space preclude the use of all material at hand. All materials received have been examined with care and appreciation, and what has been written is a composite picture. Part III of the series on "Nursing by Religious Orders in the United States" is to be devoted almost entirely to the history of professional development, that is to say, the organization of training schools for Sisters and lay nurses, development of curricula, of teaching methods, of correlation of theory and practice, of training for leadership in teaching, etc.—EDITOR.

FROM 1840 to 1871 seventy hospitals were organized, either under the auspices of Sisters or placed in their charge. Included in these are general hospitals, hospitals for maternity and infant care, and hospitals for the care of the insane. In their management are represented seventeen different orders of Sisters[1] and the Alexian Brothers.

This extraordinary expansion was due to several factors: one, the increase in population. The local population in 1840 was 17,069,453, of whom 14,195,805 were white and 2,873,648 were negroes. The distribution was as follows: in the North Atlantic division, 6,618,788 whites and 142,294 negroes; in the South Atlantic, 2,227,922 whites and 1,897,317 negroes; in the North Central, exclusive of Missouri, 2,923,207 whites and 20,833 negroes; and in the South Central, with Missouri, 2,294,688 whites and 1,194,474 negroes. Of the negroes in the slave-holding states, about 200,000 were free of whom about 75,000 were in Maryland and 55,000 in Virginia.[2]

[1] Catholic Sisters, only, are here considered; Deaconesses and Protestant Sisters will be treated in subsequent issues of the *Journal*.

[2] Gardiner, G. P., "Westward Extension, American Nation: A History," Vol. 17, p. 9.

Another factor was the increase in immigration. Immigration from Europe began to increase rapidly after 1830, and it was especially large during the years 1846–1848, which were marked by famine in Ireland and revolution on the Continent. From 1845 to 1850, the average annual influx was about 300,000. The immigrants distributed themselves mainly in Massachusetts, New York and Pennsylvania; but a large number, especially of Germans, were already entering the country north of the Ohio and the upper part of the Mississippi Valley.[3] By 1871, almost 8,000,000 more immigrants had arrived.

The development of better means of transportation and communication was a third factor. The total number of miles of railroad built from 1830 to 1848 was under 6,000; but after that year railroads suddenly became a mania, and no less than 16,500 miles were laid down between 1849 and 1857. They reached from the seaboard to the great plains.[4] The telegraph was developed in this period. In March, 1843, Congress appropriated $300,000 for the purpose of building a line from Washington to Baltimore. This line was completed and successfully opened May 24, 1844.[5] Postal rates were reduced.

The expansion in agriculture, industry and finance due to the growth of American manufacturing; the finding of gold in California; and the

[3] *Ibid.*, p. 8.

[4] Smith, T. C., "Parties and Slavery, American Nation: A History," Vol. 18, pp. 59–60.

[5] Gray, Thomas, "The Inventions of the Telegraph and Telephone," Smithsonian Report, Washington, D. C., 1869, p. 469.

temporary disorganization of European economic conditions through the Crimean War gave the period between 1850 and 1860 great prosperity.[6] This may be cited as a fourth cause in the development of hospital care for the sick.

The fifth and most important factor has been the rapidly increasing developments in medicine and the allied sciences. To mention but a few: ether and chloroform anesthesia; the beginnings of antiseptic technic; the introduction of hypodermic injections for the relief of pain; more exact methods of physical diagnosis; the development of scientific research and a professional journalism; the organization of the American Medical Association; the work of Florence Nightingale in the Crimean War. Each and all of these had a direct bearing on the better care of the sick.

Of almost equal importance have been the changes in the manner and materials of building and in heating[7] and lighting. By 1860, practicable furnaces were on the market.[8] Coal came into vogue to replace wood. Friction matches were in use in 1830. Plumbing was being developed; indoor toilets and baths supplied with running water out of faucets from city mains and drained off into central sewerage systems.[9]

Finally, there has been the increase in the number of Orders of Sisters in the United States, as well as increased activity on the part of those already at work. In 1840 there were practically but four orders of Sisters making nursing a definite part of their work, while by 1871 there were seventeen.

The first Sisters to augment the nursing group after 1840 were the Sisters of Mercy. The first community arrived in Pittsburgh from Carlow, Ireland, December 21, 1843. Six Sisters, a postulant, and Mother Francis Xavier Warde, made up the first colony.[10] Also, in 1843, came the Sisters of the Holy Cross; in 1847 the Franciscan Sisters of Glen Riddle, Pennsylvania. In 1850, the Sisters of Charity of St. Augustine came to Lakewood, Ohio, near Cleveland, from Bocleque. Several other important groups came between 1850 and 1870, among which were Sisters of the Poor of St. Francis in 1858; the Sisters of the Incarnate Word to San Antonio, Texas; the Sisters of Charity of Providence to Vancouver, Washington, in 1856; and the Poor Handmaids of Jesus Christ (Ancilla Domini Sisters) in 1868 to Indiana.

Meanwhile, important changes were taking place among the groups already organized; namely, the Sisters of Charity of St. Vincent de Paul, Emmitsburg, Maryland, and the Sisters of Charity of Nazareth, Kentucky. Out of these changes grew five important separate communities. Four of these, the Sisters of Charity of New York; the Sisters of Charity of Cincinnati, Ohio; the Sisters of Charity of New Jersey; and the Sisters of Charity of Greensburg, Pennsylvania, grew out of the original group of Mother Seton's Daughters. The fifth group, namely, the Sisters of Charity of Leavenworth, Kansas, grew out of Mother Catherine Spalding's little family at Nazareth, Kentucky.

Numerous as the Sisters seemed to be, they could not respond to the

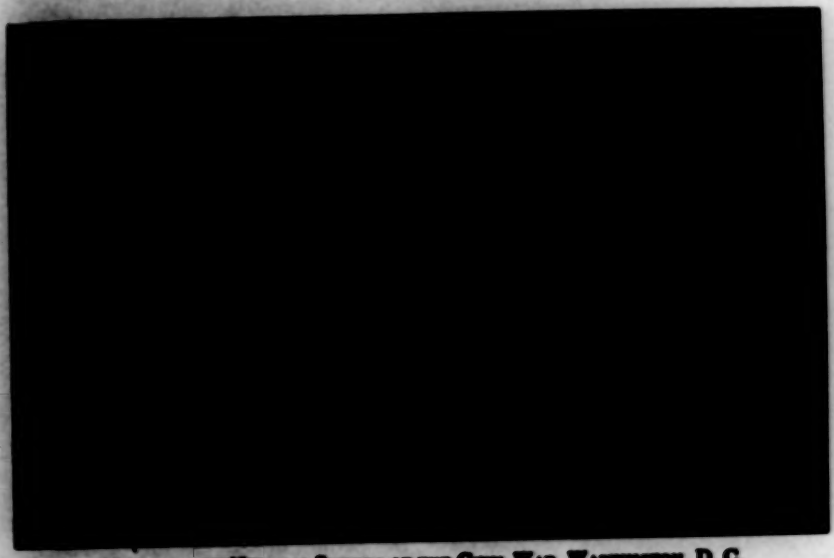
[6] Smith, T. C., "Parties and Slavery, American Nation: A History," Vol. 19, p. 68.

[7] Ward states that in 1860, New York Hospital, New York, which had formerly been heated by stoves and fireplaces . . . was furnished with steam-heating apparatus. "Hospitals, Dispensaries and Nursing," *Charities Review*, Vol. 10, 1900, p. 232.

[8] Fish, C. R., "The Rise of the Common Man," p. 99.

[9] *Ibid.*, p. 331.

[10] Hayes, Sister M. E., "The Sisters of Mercy in the United States," 1928, p. 1.



Mansereau to Nursing Sisters of the Civil War, Washington, D. C.

constant demands made upon them. Daily to each community came pleas for aid from bishops and priests for Sisters to help them with the problems in their respective and several dioceses. The very conditions and circumstances which made for progress and expansion in one way, were the cause of serious social and economic problems in another. Immigration, industry, the emigration to the West, the development of the railroads, manufacturing, and so on, all contributed their share to the list of problems calling for solution—sickness, accidents, poverty, dependency, delinquency and crime, insanity and intemperance—so that the organization of hospitals was but one phase of social service which made up the lives of these remarkable women.

The beginnings of many of the hospitals of this period are as interesting as those of the earlier one. Their foundations were beset by the same trials of poverty and lack of convenience. St. John's, Nashville, Tennessee, under the care of the Sisters of Charity of Nazareth, was begun in an old church. It was part hospital and part orphanage. "Catholic orphan girls were received at St. John's, where they helped the Sisters to care for the sick."[11] The *Catholic Almanac*, 1849, states, "The Old Catholic Church at Nashville Tennessee, is being fitted up for this purpose (Hospital and Catholic Orphanage) and will be attended by Sisters of Charity from Nazareth, Kentucky."[12]

The cholera epidemic of 1848 taxed this hospital beyond capacity, and the teaching Sisters were forced to close their school and do visiting nursing among the stricken citizens who were unable to gain entrance to the hospital. In 1841, this hospital passed to the control of the Sisters of Charity of Leavenworth at the separation of the

[11] McGill, A. R., "Sisters of Charity of Nazareth, Ky.," 1917, p. 118.
[12] p. 119.

community. These Sisters retained it until they left Nashville in 1889.

Likewise, as in the previous period, the terms "infirmary," "asylum," and "retreat" are used synonymously with hospital (so that some of the earlier institutions may have been overlooked). Thus, in recording the opening of St. Vincent's Hospital,[13] Detroit, Michigan, the *Catholic Almanac*, 1846, states that "the above Sisters[14] have also extended their charity to the sufferings of afflicted humanity and lately opened an asylum, under the name and style of St. Vincent's Hospital, where numbers of patients are now daily receiving the spiritual and corporeal advantages of their benevolence."[15]

Mercy Hospital, Pittsburgh, had its beginning in the ballroom of "Concert Hall," the new residence of the Sisters, in January, 1849.[16] The prevalence of what was then known as "ship fever," and the need of caring for the health of the men employed on river boats engaged in trade on the Ohio River, induced the Sisters to turn the ballroom into an emergency hospital. This emergency hospital, despite its inconvenient and unsanitary condition, was considered an advance and was the first hospital in Western Pennsylvania.[17] In 1848, the Sisters moved the hospital to the Bishop's residence, while he and his assistants took simpler quarters in the hospital, where they remained until 1850, when they removed to the recently completed convent, Coal Lane, later St. Mary's Convent of Mercy, Webster Avenue.[18]

During the year 1848–1849, four hundred and four patients were treated at Mercy Hospital. Pay patients in the ward paid $3 a week; private patients $5.[19]

St. Joseph's Hospital, Philadelphia, the result of the efforts of Father Barbelin for the relief of Irish immigrants who were coming to Philadelphia in large numbers, many of them suffering from fever, began its work in a small frame building on Grand Avenue, between Seventh and Seventeenth Streets, under the ministration of the Sisters of St. Joseph of Carondelet, with Mother St. John Fournier as Superior.

Dr. Harner, head surgeon at that time of the City Hospital, was largely responsible for the founding of St. Joseph's. He guided and instructed the Sisters during his life, and at his death, in 1863, bequeathed to the hospital all his surgical instruments and many valuable books.[20] This hospital passed to the Sisters of Charity of Emmittsburg in 1889.[21]

In contrast to the hospital just described was St. Joseph's Hospital in St. Paul, Minnesota. It was of *stone, four stories in height*. The land was donated by Henry M. Rice; and a Sioux chieftain, then occupying the site of the present city of Minneapolis, furnished the lumber from his forests.

Because of the difficulties attending its construction, due largely to the scarcity of laborers and material, an entire year elapsed before it was completed. Meanwhile cholera broke out in St. Paul and spread with great rapidity. An old log building, which had served as a church, was converted

[13] Now St. Mary's Hospital.
[14] Sisters of St. Vincent de Paul, Emmittsburg, Md.
[15] P. 193.
[16] "Memoirs of the Sisters of Mercy," Pittsburgh, 1918, p. 68.
[17] Harmon, Sister M. E., *op. cit.*, 1933, p. 8.
[18] *Ibid.*, p. 8.
[19] *Ibid.*, p. 8.
[20] Savage, Sister Mary Loyola, "The Congregation of St. Joseph of Carondelet (1650–1925)," St. Louis, 1925, p. 72.
[21] "Notes from Sister Monsma's Private Journal," "St. Joseph's Hospital Leased to the Sisters of Charity, August 18, 1889," American Catholic Historical Researches, Vol. 14, 1897, p. 149.

into a hospital, "where the Sisters, amateur nurses though they were, gave themselves with zeal to the care of the cholera patients."

The epidemic made the need for a hospital more realized than ever, and the work of building it was pushed to the limit. Bishop, priests and seminarians all lending their aid to the workmen. It was opened in the fall of 1854. The Sisters who took charge of the hospital were Sisters Augustine Spencer, Marcelline Dowling and Euphemia Murray.[28]

The opening of St. John's Infirmary, Milwaukee, is interesting because it is evidence of a definite policy with respect to hospital management. We quote from the *Catholic Almanac*, 1849:

> This institution was opened for the sick on Monday, May 15, 1848, under the charge of Sisters of Charity from St. Joseph's, Emmitsburg, Md. The house is large, commodious, built in the healthiest part of the city. Three apartments are allotted to patients generally; but select rooms may be had by those who are qualified to prefer them.
>
> As the Sisters of Charity are to be the only nurses and attendants in the house, none need fear the absence of sympathy and eager vigilance. The very title and profession of a Daughter of St. Vincent de Paul are sufficient guarantee to the public that there will be no departure from the strictest order, the greatest cleanliness and the most unremitting attention.
>
> Patients may call in any duly authorized medical man they please; but all food and medicine must be administered by the Sisters. *But this rule does not suffer them to deviate from the physician's advice* (Italics ours).
>
> Any patient may call for any clergyman he may prefer. But no minister, whether Protestant or Catholic, will be permitted to preach to, to pray aloud before, or interfere religiously, with such patients as do not ask for the exercise of his office. *The rights of conscience must be held paramount to all others* (Italics ours).
>
> The fees for the keeping of patients either

Mother Frances Xavier Warde
Founder of Sisters of Mercy in the United States. From the Golden Jubilee Book, St. Frances Xavier Convent, Providence, R. I.

> with or without medical attendance, may be known by application to the Sister Superior.
>
> Visits may be made at any time, Sundays excepted, from ten o'clock a.m. till six o'clock p.m. But no rule, save such as a sense of delicacy to the Sisters would dictate will, at any time, bar the entrance of the immediate friends of the afflicted.
>
> There are five Sisters at the institution. Sister Mary Felicitas, Sister Servant.[29]

Among the other great hospitals of this period under the care of Sisters, built and maintained by their labor, are: Good Samaritan, Cincinnati, Ohio,[30] really a gift to Sister Anthony O'Connell, on her fiftieth birthday, from two Protestant gentlemen in recognition of her work in the Civil War.[31] The story of the founding of this hospital is adequately and

[28] Savage, Sister Mary Lucida, *op. cit.*, 1922, p. 93.

[29] pp. 129-131.

[30] McCann, Sister Mary Agnes, "History of Mother Seton's Daughters," 3 vols., 1917-1928.

[31] *Ibid.*, Vol. 2, p. 284.

beautifully set forth by Sister Agnes McCann.[16]

St. Vincent's Hospital, New York, founded by the Sisters of Charity in New York, under Sister Angela Hughes, began its work in 1849 with Dr. Valentine Mott as chief surgeon. The only other hospitals in the city at that time were the New York Hospital and Bellevue, the latter under city subvention. St. Vincent's thus became the first free hospital in New York depending on voluntary contributions.

This shortage of hospitals in New York was the subject of comment among the profession. Tuthill makes a plea for more hospitals in New York and contrasts its lack of facilities with New Orleans:

> In New Orleans they have three large hospitals: Charity Hospital, Maison de Santé,[17] and Marine Hospital. . . . Charity Hospital was built at an expense of $130,000 and is capable of accommodating five hundred inmates. It is under the charge of the oldest medical faculty in the city and has the assistance of the Sisters of Charity, as nurses for the sick, who cannot be excelled in kindness and careful attention. It had in the course of a single year, when the yellow fever was not epidemic, and there was no cholera, admitted nearly 6,000 patients.

He commends St. Vincent's Hospital and the Sisters in charge, but regrets that they have but forty beds.[18] Hurd, giving the status of the hospital situation with reference to facilities for teaching medical students, would seem to corroborate Tuthill.[19]

[16] McCann, Sister Mary Agnes, "History of Mother Seton's Daughters," Vol. 2, pp. 141, 160, 216, 225; Vol. 3, pp. 49, 52, 54, 61, 62, 72, 162, 226, 228, 250, 251.

[17] Founded in 1826, now Hotel Dieu.

[18] Tuthill, Frank H., M.D., "A Plea for Hospitals," New York, 1851.

[19] Hurd, *op. cit.*, p. 382.

The principal hospitals of the country which have been established during the last century are as follows, with dates of establishment:

Pennsylvania	Philadelphia	1751
New York	New York	1771
Charity	New Orleans	1786
Massachusetts General	Boston	1811
Bellevue	New York	1811
Cincinnati General	Cincinnati	1821
New Haven	New Haven	1826
Albany	Albany	1849
St. Luke's	New York	1850
Protestant Episcopal	Philadelphia	1852
Buffalo General	Buffalo	1853
Boston City	Boston	1854
Roosevelt	New York	1854
Lakeside	Cleveland	1856
Johns Hopkins	Baltimore	1857
Cook County	Chicago	1857
Presbyterian	New York	1868
Presbyterian	Philadelphia	1871
Methodist Episcopal	Brooklyn	1881
Garfield	Washington	1893
Presbyterian	Chicago	1894
Grady	Atlanta	1892

[20] Community Archives. See also "History of the State of Washington," Chap. XVI, Territorial Days.

[21] Sloane, Sister M. R., *op. cit.*, 1922, Chap. III, pp. 49–54.

[22] Finck, Sister Mary Helena, "The Congregation of the Incarnate Word of San Antonio, Texas," Washington, D. C., The Catholic University Press.

SATTERLEE MILITARY HOSPITAL (1862–1865)

Note Sister Mary Gonzaga Grace in the center. The hospital covered an area of 15 acres and had 28 wards of 75 patients each.

The Sisters of Charity (Cincinnati, Ohio) are now enabled, by an increase of their numbers, to devote considerable time to visiting the sick in their houses and to attending to the wants of the poor.[83]

The Sisters of St. Francis (Glen Riddle, Pa.) did visiting nursing among the poor in Philadelphia "somewhat after the manner followed by visiting nurses today."[84] They wore no distinctive habit; their garb was a plain gown, shawl, and a hat with a large veil. The Sisters of Mercy made visiting nursing an important part of their work.

When the Civil War broke it found the country in general, and the Medical Department of the Army in particular, totally unprepared.

The Surgeon General had three clerks in his office; there were 114 officers and a small but sufficient number of stewards in the department, no hospitals worthy of the name, no ward masters, nurses, or cooks except such as were detailed from the line. . . . The army had practically no supplies when the war began, and it took time to make them, but the War did not wait. . . . There were no general hospitals, and when the assembly of all these untrained men was followed by the usual great outbreaks of disease, hospitals had to be improvised, in hotels, halls, and other unsuitable buildings. These were manned by soldiers detailed from the line."[85]

It was into this breech that the women of the country stepped; and of these women, hundreds were Nuns and Sisters.

The service rendered by these Sisters as nurses during the Civil War period has received treatment from other writers and from various angles; therefore, it will not be considered in detail here. Jolly,[86] Kennedy,[87] Meehan,[88] Barton,[89] and others have contributed to the subject. Sister historians of the various orders have written the details of the services rendered by the individual communities. The records of the Medical Department of the United States Army, contain some details relative to the kind and amount of nursing carried on in the several military units. A memorial, with the consent of

[83] p. 102.

[84] "Golden Anniversary Book," St. Mary's Hospital, 1940.

[85] Ashburn, P. M., "A History of the Medical Department of the United States Army," Boston, 1929, pp. 69–70.

[86] Jolly, E. T., "Nuns of the Battlefield," Providence, R. I., 1927.

[87] Kennedy, Ambrose, "The Nuns of the Battlefield," New York, 1927.

[88] Meehan, T. F., "War-time Ministering Angels," in *Catholic Builders of the Nation*, Vol. 3, pp. 270–293, Boston, 1923.

[89] Barton, G., "The Angels of the Battlefield," 1898.

Congress,[40] has been erected in Washington, D. C.,

> To the memory and in honor of the members of the various Orders of Sisters who gave their services as nurses on battlefields in hospitals and on floating hospitals in the wars in which the United States has engaged.[41]

During this period, notwithstanding the large numbers of Sisters on "war service," several important hospitals were organised and opened.[42]

The Reconstruction Period found the Sisters back in civil life, going about the work of helping in the general rehabilitation. The vast amount of effort which was put into organising the many new hospitals,[43] as well as in reorganising the older ones to meet the new demands, speaks for itself.

The circumstances attendant upon the founding of St. Vincent Charity Hospital of Cleveland are typical of many others:

> When the close of the Civil War left the whole country with a legacy of wounded soldiers to nurse back to health, Cleveland's first public hospital was opened. Before that time the little city had somehow managed to care for its sick and shattered in their homes. . . . The year 1865 saw Cleveland with its population of over fifty thousand inhabitants without a hospital, with no place but the City Infirmary for the care of the sick.[44]

This new hospital, built at a cost of $72,000, of which the citizens subscribed one-half, represented the change which was taking place, not only in hospital architecture but in the attitude of the public toward the institutionalised care of the sick. The war had made them conscious of the need of good hospital care.

The history of nursing methods, technics or training is as obscure for this period as it was for the previous one. This, however, is not strange, inasmuch as there were very few records of any sort kept, medical or administrative; very sketchy financial records, and the like. Of medical records, Hurd has this to say: "The original hospitals had very few medical records, only admissions and discharges, summary of age, nationality, with a statement of the disease and condition on discharge."[45] Further, nursing was still considered a domestic art and as such was passed on from person to person by word of mouth and demonstration; and was more or less still confined to keeping the patient clean and giving him nourishment.

There were however, some printed materials on the nursing of women and children and a few on general nursing, and while they were intended, for the most part, for home nursing, they were nevertheless used by many of the early hospital nurses, religious as well as secular, and would seem to indicate a growing need for better trained assistants than nurses had formerly been.

To mention but a few:

(1) Child, Mrs., "The family nurse; or a Companion of the Frugal Housewife." Reviewed by a member of the Massachusetts Medical Society. Boston, Charles J. Hendee, 1837.

Mrs. Childs states that the book "merely contains the elements of nursing, and is by no means intended to supersede the advice of a physician." And as to her eligibility for the task, and its authority:

> My own experience has been assisted by aged relatives and judicious nurses, and every part of the work has been submitted to the

[40] Nurses' Monument Resolution, No. 184, presented by Ambrose Kennedy, M.C., First Rhode Island District; debated and passed by the House of Representatives on Monday, March 18, 1918.

[41] Quoted from the inscription on the front of the memorial.

[42] See table showing the hospitals, their date of opening, etc., p. 984.

[43] *Ibid.*

[44] "Souvenir of Golden Jubilee," St. Vincent Charity Hospital, 1917, p. 10.

[45] Hurd, H. M., *op. cit.*, p. 339.

examination of a member of the Massachusetts Medical Society, for several years a physician in active and successful practice in Boston.

(2) Warrington, J., "The Nurses' Guide, Containing a Series of Instructions to Females Who Wish to Engage in the Important Business of Nursing Mother and Child in the Lying-in Chamber."[a] Philadelphia, Thomas Cowperthwait and Co., 1839.

On page 113, Dr. Warrington states that

One very important item in the qualification of a nurse is that she be able properly to administer injections or clysters. Simple as this operation may appear, it is too true that many women who have been occupied in nursing for several years are still incapable of doing this properly.

(3) Longshore, J. S., M.D., "The Principles or Practice of Nursing or a Guide to the Inexperienced: Designed to Instruct the Nurse in the Principles of Her Profession, and to Assist the Inexperienced in Performing the Various Duties in the Sick Room." Adapted to families, nurses and young physicians. Philadelphia, Merrihew and Thompson, 1842.

"Our object in preparing these sheets," says the author,

is more to instruct those persons who are called upon to act as caretakers for the sick in the general physiological principles of this highly important profession than to retail the minutiae of each particular duty. . . .

(4) "The Management of the Sick Room" by a Lady of New York. Compiled from the latest medical authorities, under the approval of Charles A. Lee, M.D. 2nd edition. New York, J. K. Williams, 1845.

(5) Preston, Ann, M.D., "Nursing the Sick and the Training of Nurses." Philadelphia, King and Baird, 1863.

(6) Storer, D. Horatio Robinson, "On Nurses and Nursing with Especial reference to the Management of Sick Women." Published for the benefit of the Franciscan Hospital for Women, Boston, Lee and Shepard, 1868.

This book is dedicated to "Frances S. Mackenzie, Sister Superior of the Franciscan Hospital, herself a realization of the picture drawn of the good nurse by St. Vincent de Paul."

We may assume improvement in nursing, however, because there was improvement generally in the practice of medicine, in the practice of surgery, in hospital construction and in the manner of living.

While the Sister historians[47] have given us little detail relative to the management of hospitals and the actual nursing care of patients, they have given us beautiful delineations of those early nurses—a valuable legacy.

Year	*Name of Hospital*	*City Where Located*	*Order Founding Hospital*
1849	My Hope Retreat	Baltimore, Md.	Srs. of Charity, Emmetsburg, Md.
1851	St. John's Hospital	Nashville, Tenn.	Srs. of Charity, Nazareth, Ky.
1854	St. Mary's Hospital	Detroit, Mich.	Srs. of Charity, Emmetsburg, Md.
1848	Mercy Hospital	Pittsburgh, Pa.	Srs. of Mercy, Pittsburgh, Pa.
1858	Sisters' Hospital	Buffalo, N. Y.	Srs. of Charity, Emmetsburg, Md.
1860	Troy Hospital	Troy, N. Y.	" " " " "
1860	St. Mary's Hospital	Milwaukee, Wis.	" " " " "
1849	St. Vincent's Hospital	New York, N. Y.	Srs. of Charity, New York
1860	St. Joseph's Hospital	Philadelphia, Pa.	Srs. of St. Joseph of Carondelet, Mo.
1864	St. Joseph's Hospital	Wheeling, W. Va.	" " " " "
1852	Mercy Hospital	Chicago, Ill.	Srs. of Mercy, Chicago, Ill.
1852	Mercy Hospital	Cincinnati, Ohio	Srs. of Charity, Cincinnati, Ohio
1852	Providence	New Orleans, La.	Srs. of Charity, Emmetsburg, Md.
1852	St. Joseph's Infirmary	Louisville, Ky.	Srs. of Charity, Nazareth, Ky.
1853	St. Agnes's Maternity	St. Louis, Mo.	Srs. of Charity, Emmetsburg, Md.
1853	St. Mary's Infirmary and Mat.	Rochester, N. Y.	" " " " "
1853	St. Joseph's Hospital	St. Paul, Minn.	Srs. of St. Joseph of Carondelet, Mo.
1853	St. Vincent's Hospital	Toledo, Ohio	Srs. of Charity of Montreal (Gray Nuns)
1853	St. Vincent's Inf. Asy. & Mat. H.	New Orleans, La.	Srs. of Charity, Emmetsburg, Md.
1854	St. Vincent's Inf. Asy. & Mat. H.	Philadelphia, Pa.	Srs. of Mercy
1854	St. Vincent's Hospital	Los Angeles, Calif.	Srs. of Charity, Emmetsburg, Md.
1854	St. Vincent's Inf. Asy. & Mat. H.	Baltimore, Md.	" " " " "
1855	Sisters' Hospital	Rochester, N. Y.	" " " " "
1855	Providence Infirmary	Mobile, Ala.	" " " " "

[a] Note the large number of maternity and infant care hospitals under the direction of Sisters. See table.

[47] Doubtless due to most of them being teachers rather than nurses.

Year	Name of Hospital	City Where Located	Order Founding Hospital
1857	St. Vincent's Hospital	Norfolk, Va.	Sis. of Charity, Emmitsburg, Md.
1858	St. Vincent's Hosp. for W. & C.	Philadelphia, Pa.	" " " " "
1858	St. Joseph's Hospital	Vancouver, Wash.	Sis. of Charity of Providence, Wash.
1858	St. Mary's Hospital	Cincinnati, Ohio	Sis. of the Poor of St. Francis
1858	St. Vincent's Hospital (Insane)	St. Louis, Mo.	Sis. of Charity, Emmitsburg, Md.
1859	St. Mary's Hospital	San Francisco, Calif.	Sisters of Mercy, California
1860	St. Mary's Hospital	Philadelphia, Pa.	Sis. of the Third Order of St. Francis, Glen Riddle
1860	St. Elizabeth's Hospital	Covington, Ky.	Sis. of the Poor of St. Francis
1861	Providence Retreat	Buffalo, N. Y.	Sis. of Charity, Emmitsburg, Md.
1861	Providence Hospital	Washington, D. C.	" " " " "
1862	St. Agnes Hospital	Baltimore, Md.	" " " " "
1863	St. Joseph's Hospital	Chicago, Ill.	" " " " "
1863	St. Mary's Hospital	Hoboken, N. J.	Sis. of the Poor of St. Francis
1864	St. Peter's Hospital	Brooklyn, N. Y.	" " " " "
1864	St. Francis Hospital	Jersey City, N. J.	" " " " " " "
1864	St. Joseph's Hospital	Baltimore, Md.	Sis. of the Third Order of St. Francis, Glen Riddle
1864	Spencer Hospital	Meadville, Pa.	Sis. of St. Joseph
1864	St. Joseph's Hospital	Alton, Ill.	Sis. of Charity, Emmitsburg, Md.
1864	St. John's Hospital	Leavenworth, Kans.	Sis. of Charity, Leavenworth, Kans.
1865	St. Vincent's Sm. and Hosp.	Santa Fe, N. M.	Sis. of Charity, Cincinnati, Ohio
1865	St. Mary's Infirmary	Galena, Ill.	Sis. of the Holy Cross
1865	St. Francis Hospital	Allegheny, Pittsburgh, Pa.	Sis. of St. Francis
1865	St. Francis Hospital	Columbus, Ohio	Sis. of the Poor of St. Francis
1865	St. Vincent's Charity	Cleveland, Ohio	Sis. of Charity of St. Augustine
1865	Carney Hospital	Boston, Mass.	Sis. of Charity, Emmitsburg, Md.
1865	Louisiana Retreat	New Orleans, La.	" " " " "
1866	St. Elizabeth's Hospital	Utica, N. Y.	Sis. of the Third Order of St. Francis, Glen Riddle
1866	St. Mary's Hospital	Quincy, Ill.	Sis. of the Poor of St. Francis
1867	St. John's Hospital	Lowell, Mass.	Sis. of Charity, Emmitsburg, Md.
1867	St. Joseph's Hospital	Paterson, N. J.	Sis. of Charity, Convent Sta., N. J.
1867	St. Mary's Infirmary	Galveston, Texas	Sisters of Incarnate Word
1867	St. Elizabeth's	Newark, N. J.	Sis. of Poor of St. Francis
1868	Alexian Bros. Hospital	Chicago, Ill.	Alexian Brothers
1869	Alexian Bros. Hospital	St. Louis, Mo.	Alexian Brothers
1869	St. John's Hospital	Salem, Mass.	Sis. of Charity, Leavenworth, Kans.
1869	St. Catherine's Hospital	Brooklyn, N. Y.	Sis. of St. Dominic
1869	Providence Hospital	Detroit, Mich.	Sis. of Charity, Emmitsburg, Md.
1869	St. Joseph's Hospital	St. Joseph, Mo.	Sis. of Charity
1869	Mercy Hospital	Davenport, Ia.	Sis. of Mercy
1869	St. Peter's	Albany, N. Y.	" " "
1869	N. Y. Foundling Hospital	New York, N. Y.	Sis. of Charity of New York
1869	St. Joseph's Hospital	Syracuse, N. Y.	Sisters of the Third Order of St. Francis, Glen Riddle
1869	St. Joseph's Hospital	Fort Wayne, Ind.	Amelian Daniel Sisters
1870	St. Joseph's Retreat (Mental)	Dunkirk, Mich.	Sis. of Charity, Emmitsburg, Md.
1870	St. Elizabeth of Hungary	New York, N. Y.	"
1871	St. John's Hospital	St. Louis, Mo.	Sis. of Mercy

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The Rockefeller Foundation

THE importance of nursing to public health work, to medical care, and to the education of doctors has led the Foundation to aid fifteen schools of nursing in several countries of Europe, in the United States, and in the Far East, through gifts towards buildings, equipment, and maintenance, and through fellowships. . . .

Fifteen nurse training schools in ten different countries received aid during 1928. The most noteworthy contribution to nursing out of its total of gifts for the year 1928 of $21,-600,728, was the gift of $1,000,000 towards the endowment of the Yale University School of Nursing.

Here are some of the things which have been done to combat disease during the sixteen years. Temporary anti-hookworm campaigns in the southern United States have been broadened into permanent official rural health organizations, modest, but complete. Similar developments have been aided in many tropical and semitropical regions. Elsewhere local health machinery has been created or reorganized with Foundation help. Malaria has been studied more fully and methods of control have been worked out at home and abroad. Yellow fever has been forced to retreat from Mexico and Central America and from northern South America. It is now to be found only in Brazil and West Africa. A wartime anti-tuberculosis organization, built up with Foundation aid in France, has been wholly taken over by the French and is being incorporated into a general public health service.

Schools or institutes of public health have been created or extended with Foundation funds at the Johns Hopkins and Harvard Universities in the United States, and in Toronto, London, Prague, Warsaw, Budapest, Belgrade, Zagreb, and Sao Paulo, Brazil. Pledges have been made toward similar institutions in Angora and Calcutta. Further aid has been given to the training of health officers through participation in the maintenance of field training stations, through support to the League of Nations' plan of international study tours by health officials, and through the granting of fellowships.

The progress of both preventive and curative medicine depends upon the constant improvement of fundamental medical training. For the strengthening of influential medical schools in many parts of the world from London, Brussels, and Lyon, through Canada and the United States to Hongkong and Singapore, the Foundation has expended about $30,000,000.—From a "Review of the Activities of the Rockefeller Foundation for 1928."

How Florence Nightingale's Birthday Was Kept in Central China

GLADYS E. STEPHENSON, S.R.N.

JUST one year ago, four small schools of nursing that had functioned for many years were amalgamated into one Union School of Nursing in connection with the fine, new, up-to-date hospital that marks the union of the medical work being done by the London and the Wesleyan missionary societies in Hankow.

The first group of nurses to graduate since the union was accomplished received their diplomas at the time of Florence Nightingale's anniversary. As May 12, the day of her birth, fell on a Sunday, the graduation ceremony took place on Saturday, the day before, at the Community Church Hall.

For weeks beforehand, preparations had been made, invitations issued, and the nurses had eagerly looked forward to this great day which marked the recognition of past achievement and the promise of future usefulness.

The hall was gay with flowers, and overhead hung the red and gold satin banner with the name, "Hankow Union School of Nursing," inscribed on it. To the strains of the processional, a body of sixty nurses, dressed in full uniform, marched up the aisle to the seats in front, making a very impressive sight.

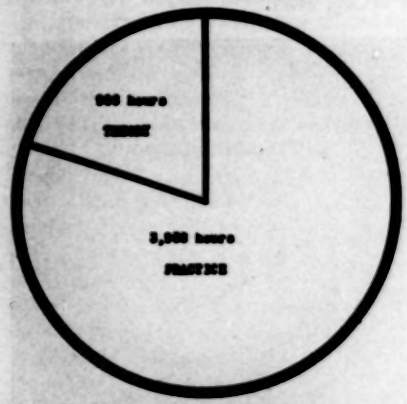
The Chair was taken by Bishop Logan H. Roots, and the service began with the singing of the nurses' hymn, "Gracious Spirit Dwell with Me." The address was given by a prominent Chinese Wesleyan minister whose splendid exposition of the ideals of a true Christian nurse was at once a challenge and an inspiration. The diplomas, tied with red and gold ribbon (the colors of the Nurses' Association of China), were presented by a well known lady of the community. Some musical items, one given by a group of the nurses themselves, added much to the enjoyment of the ceremony. At its conclusion, one hundred and fifty guests partook of the sumptuous tea contributed by the ladies of the community. In the evening, after returning to the hospital, a Chinese feast was given to the staff by the happy graduating nurses.

On Sunday, Florence Nightingale's birthday, the usual Sunday service was made a special occasion to commemorate the anniversary. The nurses in uniform filled the front pews of the Church, and the Chinese preacher, taking the incident of Jesus washing the disciples' feet as his text, told of the life of Miss Nightingale which was lived in the spirit of Him who came not to be ministered unto but to minister. He told his congregation how her work had inspired the dawn of an entirely new day in the work of nursing the sick and afflicted of the world, how this work had come with its blessing and happy influence to the Far East, and was helping young China to realise that the Christian nursing profession provided an avenue of service for any enthusiastic and well-educated young people who desired to serve their country in some practical manner.

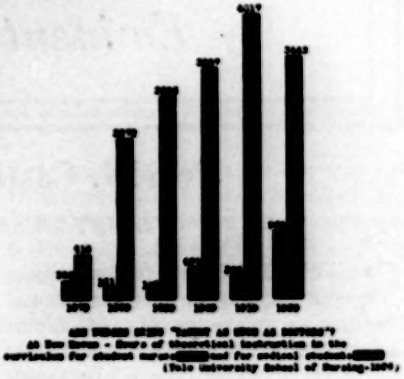
Did not the hearts of the nurses quicken with aspiration at the thought of Florence Nightingale's devoted life of service and her faithful following of God's leading. How much it has meant of blessing to the whole world, yet is it not always thus, that the glad yielding of talents in the service of the King makes life fruitful.

Are Students Always in Class?

THE accompanying diagrams formed part of the exhibit of the National League of Nursing Education both at Atlantic City and at the International Council of Nurses meetings in Montreal. They aroused so much comment and, as one superintendent of nurses expressed it, answered questions she had been striving to answer for so many years, that we reproduce them herewith, since they are self-explanatory. Probably no two statements are made more frequently than "students are always in class" and "they are trying to make doctors of them." The figures from Yale University School of Nursing offer irrefutable evidence to the contrary.



ALIKE IN CLASS?
At the Yale University School of Nursing students spend far more time on the wards than in the classroom. Yet in most nursing schools the proportion is appreciably higher



NURSING GRADES—HIGH SCHOOL VS. COLLEGE

Per cent of student nurses having from 1–4 years of high school, and per cent of those having 2–4 years of college, who received each specified final grade for practical and theoretical nursing in the same nursing school.

Eminent Teachers

Pearl I. Castile, R.N., B.A.

DAISY DEAN URCH, R.N.

SERVING as instructor in science, Pearl I. Castile has won an enviable place in the Highland School of Nursing, Oakland, California. Her keen mind, her buoyant personality and happy spirit have made her beloved by both students and faculty.

That she has the confidence of the California nurses, is evidenced by her appointment to the Board of the *Pacific Coast Journal of Nursing* and her recent election as chairman of the Northern Branch of the California League of Nursing Education.

Miss Castile is a native of Nebraska, and after graduation from the State University she taught in its public schools, later becoming Director of Physical Education at Colorado College, Colorado Springs. She left the field of teaching to enter the Massachusetts General Hospital School of Nursing, graduating in 1922. For the following two years she directed the education of the nurses at St. Luke's Hospital, St. Louis, Missouri. Opportunities in nursing in the far west attracted Miss Castile, and she went to Stanford Hospital, San Francisco, as operating-room supervisor, in 1924.

Her deep interest in nursing education prompted her to return to the teaching field, and in 1927 she became instructor in science in the Highland Hospital School of Nursing. As a teacher Miss Castile has high standards of work, but, on the other hand, she is a good mixer in student social affairs and a leader in student activities. Her love of music and her ability as a pianist have been potent factors in developing the Glee Club. The growth and development of the students is her highest ambition. In addition to a heavy teaching schedule and extra-curricular activities, she finds time to continue her own intellectual advancement by working for a higher degree in the Department of Education at the University of California. The 1929 class of the Highland School of Nursing dedicated their annual to her.

PEARL I. CASTILE, R. N.

Editorials

With the League at Atlantic City

IT was a happy circumstance that the National League of Nursing Education could celebrate its thirty-fifth anniversary by joining in convention with the only slightly more youthful American Hospital Association. The meeting followed so closely the International Hospital Congress that many of the delegates remained over for it. The two national bodies have much in common, for both are concerned with what Dr. Doane so aptly calls "the democracy of sickness." In the planning, the American Hospital Association proved to be not merely generous, but spacious, in its thought for the League. The best of the various meeting places in Atlantic City's huge auditorium—the ball room—was turned over to the nursing group. Good space was provided for League registration. The nursing education exhibit, to which we devote considerable space in this issue, proved to be an important feature of the exhibition, and most generous and suitable space was provided for it. Best of all, the attitude of members of the hospital group toward the nursing group was one of cordial camaraderie between sessions, and on the formal occasions an attitude of mutual respect was happily apparent. The program of the Joint Session, devoted to Nursing Education, proved to be the focal point of the meetings. Courageous, though at times divergent, opinions were expressed by Carrie M. Hall, for principals of schools of nursing; Richard P. Borden, for hospital trustees; and Dr. B. W. Black for hospital superintendents. Colonel Leonard W. Ayres, a statistician and business man with a record of distinguished service in the field of public education, threw a verbal bomb which startled all groups when he concluded his analysis of nursing schools with the statement that nurses must become hospital administrators if they wish to carry out their educational programs. It may here be recalled that Michael W. Davis, reporting on his study of hospital administration, said that nurses should make good hospital administrators because they are willing to prepare themselves for specific tasks.

When Colonel Ayres likened the nursing school administrator to the public school administrator, it is probable that he had the same thought in mind and that he visualized the hospital administrator, whether nurse or another, as qualified to deal not only with routine matters of hospital organization but also with the complex problems of educational administration, of planning and construction, and with those community problems which must inevitably be faced by persons whom the public regards as leaders in health movements. It is a large order! Colonel Ayres paid tribute to the type of leadership nursing has had in the past. Clearly it needs wise and courageous leadership in the immediate future if it is to fulfill its destiny. Listening to Colonel Ayres, thinking of the achievements of the best of America's hospital administrators as well as of her nurses, a line of Barrie's came to mind. It is

from that magnificent address "Courage" in which, addressing youth, he said "If it necessitates pushing some of us out of our places, still push; you will find it needs some shoving"! "There are glorious years lying ahead if you choose to make them glorious," said Barrie on that same occasion. It is that stirring thought which is leading nurses forward today through difficulties and uncertainties to full professional status. "There are glorious years lying ahead if you choose to make them glorious"

With the I. C. N. in Montreal

TREE-SHADED Montreal with its Royal Mountain and encircling rivers, with its hospitable French and English populations, proved a most delightful setting for the Congress which marked the thirtieth anniversary of the International Council of Nurses. It was a great Congress both in spirit and in attendance. Its very vastness indicated the need for spacious thinking on the part of the few women chosen to guide the destiny of the oldest international organisation of professional workers. Praise of all the arrangements was so general and so superlative that the modest Canadian nurses seemed to find it difficult to believe all the appreciative speeches made to them.

Only a few cities in the world have convention halls which could provide accommodations under one roof for all the conferences and round tables required by six thousand nurses of varied interests, and Montreal is not one of them. The lesser meetings, therefore, were held in the High School and in hotel ballrooms. The Forum was used for general sessions and on the great night of the Congress, when five new-member countries were admitted, it held eight thousand nurses. The surging pride and emotion of that night, when the national organizations of Sweden, the Philippines, Greece, Brazil and Jugoslavia, to the music of their national anthems, were admitted to the great company of self-governing professional organizations of nurses, will be a vivid memory throughout the lives of those so fortunate as to be present. To Miss Breay of England, who represented the founder, Mrs. Bedford Fenwick, as she was unable to be present, and who has watched those beautiful and impressive ceremonies from the beginning, it must have been an almost overpowering occasion.

The programs and discussions of the week brought out the fact that similar forces are at work all over the world, and that in the four years since the Helsingfors Congress:

16 countries had made progress in the educational standards of schools of nursing;
13 countries reported efforts to secure improved legislation for inspection of schools, nurse practice acts, and registration;
8 countries reported standardization and publication of nursing textbooks;
9 countries reported plans under way, or completed, for insurance and pension acts;
6 countries reported raising special funds for fellowships, scholarships, sick benefits, etc.;
5 countries reported the establishment of a nursing journal;
16 countries reported development in public health nursing;
5 countries reported surveys, studies or analyses of nursing conditions within their own boundaries;
4 countries reported new national headquarters.

Private duty problems proved to be extraordinarily similar wherever that type of nursing is practised. It is to be hoped that future programs may provide even more round tables for discussion of practical problems.

In and out of the program like a scarlet thread ran mental hygiene.

It is safe to predict that we shall travel far on the road to a wider knowledge of the prevention and nursing of mental disease before the next Congress convenes in Paris under the leadership of Mlle. Chaptal. It would be pleasant to predict, with equal fervor, a real advancement toward a sounder economic basis for schools of nursing but it is safer to predict that educational advancement will follow a very general tendency toward a relatively high entrance requirement and to enriched curricula for, as Miss Nutting put it in the paper read in her absence by Miss Burgess, "The one foundation on which the nursing of the future can be safely built is the educated minds and spirits of the nurses themselves."

Miss Gage, who had conducted the meetings with notable grace and dignity, closed the final session by quoting from the Chinese, "All within the four seas are brothers" and with the reminder that the watchword given by the founder as a guide for the next four years is "Service."

The Bordeaux School Fund

DR. ANNA HAMILTON, founder of the Bordeaux School, has been critically ill. It was thought, however, that she might be well enough to receive the news, made public in Montreal, that the American Nurses' Association had "gone over the top" and that her school would receive the sum of money necessary to complete the memorial to American nurses who gave their lives in the Great War.

The officers of the American Nurses' Association decided in Montreal that it would be in poor taste to ask for the platform of an International organization for an impressive announcement that really concerned only the American Nurses' Association and the Bordeaux School. It was, therefore, at a charmingly appointed luncheon where our national colors, which happily are also those of France, dominated the scene, that the presentation was made. Only those intimately concerned were present: Mlle. Hervey and Mlle. Rossignol, graduates of the Bordeaux School; the officers of the American Nurses' Association; Miss Noyes, the Chairman of the Committee; Sophie Nelson, who had been present at the opening of the Memorial; and Evelyn Walker who worked valiantly and constructively in devastated France and with whom Mlle. Rossignol is studying public health nursing in this country.

It was a profoundly moving occasion, made the more poignant by Dr. Hamilton's grave illness. In making the announcement, Miss Clayton referred to the long-standing friendship between the two republics. In her acceptance, Mlle. Hervey showed deep emotion when she expressed the gratitude of her school and told the little group that Dr. Hamilton had recently said: "I am at the end of my time, but it is all right. The school will be finished." Mlle. Hervey spoke of Dr. Hamilton's extraordinary courage and the vision which had made possible the development of the school. She added that France had no monopoly of that glorious quality, courage. Having lived in this country, Mlle. Hervey said she had good reason to know that, contrary to the popular belief among Europeans, not all Americans are millionaires and indicated that she would make clear to her colleagues the fact that the gift of the American nurses to the school represented both courage and self-sacrifice on the part of the donors.

American nurses will rejoice that Dr. Hamilton, in the evening of her life, knows that her great work, the

organization of the first school for nurses in France planned on the lines laid down by Miss Nightingale, can be completed. Long before the Great War she established contacts with American nurses and sought the advice of such women as Miss Maxwell. It is fitting that her school, which follows the Nightingale tradition and which has a hospital to provide the essential nursing practice, as is the custom in our own country, should have been chosen for the Memorial, and American nurses may rest assured that the Memorial to their fallen comrades will continue to be a living force in the lives of sister nurses. Mlle. Hervey, for example, is not only Director of Public Health Nursing in Rouen, she is also a member of the Board of Nurse Examiners which students of nursing history will recall was but recently established through the brilliant leadership of Mlle. Chaptal, President of the Nurses' Association of France and the new President of the International Council of Nurses.

Service

FROM the foundation of the International Council of Nurses it has been a laudable custom to give a Watchword which shall be the working motto of the Council from one meeting to another—*Work*—*Courage*—*Life*—*Aspiration*—each in turn has served to unite the Members of the Council in a common endeavor.

Work—the task of building up National Councils of Nurses in every land, the result of which you see before you in this great Congress.

Courage—"All progress is strife to the end," and the nurses of many nations assembled in this hall know that to effect the organization of a profession, in the face of opposition, pioneers who dare to stand alone need to take their courage in both hands. Much has been done since this Watchword was given in 1904 to raise the standard of nursing, to organize nurses, and, consequently, to improve the care of the sick. It has required Courage.

Life—to proclaim that health and happiness are synonymous, to teach fearlessly that the wellspring of life must be pure—to contaminate it a crime; and that the life-giving elements are the common rights of the community. Here, too, the work of the nursing profession is reaching in many directions in fuller life.

At our Congress in Cologne, in 1912, I gave as our Watchword, *Aspiration*, and invited our affiliated associations to translate it into accomplishment during the next triennial period, especially in one particular: "Do not let us allow the inspiration of our Conference to evaporate in sentiment. We need to capture, concentrate and utilize it as a compelling force in the uprising and resultant happiness of all things sentient."

The Watchword which I have chosen for our next quadrennial period—*Service*—links together all the others in a common purpose. We are happy that our profession is a vocation of unlimited opportunity of service to the world at large, and wide sympathies, knowledge, kindness, tenderness, all are needed to meet the demands of our daily work.—From "The Watchword," written by the Founder, Mrs. Bedford Fenwick, for the I. C. N.

Department of Nursing Education

EDITED FOR THE NATIONAL LEAGUE OF NURSING EDUCATION BY NINA D. GAGE, M.A., R.N.

Interprofessional Relations from the Viewpoint of a Superintendent of Nurses[1]

EFFIE J. TAYLOR, R.N.

THE subject which is announced in the program for this morning's discussion is an exceedingly broad one and may lead through its ramifications into deep and abstract philosophies. We may, however, think to dispose of it by a series of practical opinions such as the various sub-topics on the program would indicate.

You will note I have said "think to dispose of it," and I have suggested an element of doubt after a good deal of thought and after having experienced for almost a quarter of a century the ups and downs, the joys and sorrows which follow as a result of satisfactory and unsatisfactory interprofessional relationships in large and to possibly a lesser degree in small institutions for the care of the sick.

We are hearing a great deal today about this term "relationship"; family and domestic; parent and child; student and teacher; parent and teacher; capital and labor; civic, state and federal relationships; and the subject which is occupying so large a space in our newspapers throughout the world and occupying the time and thought of our statesmen is our international relationships. What does it mean and what can we do about it?

The first part of the question depends for its answer on various philosophies and the second part relates to our personal obligations in interpreting those philosophies and in creating new standards of conduct to meet our more progressive steps in life. Mrs. Woodhouse has presented some of the general principles of interprofessional relationships which I believe do not vary in substance wherever human beings are living together.

I believe the application of the basic principles are as essential in the home and in the school as they are in the shop, in the institution, or in the government of our country, and stated in their simplest terms they are concerned with making provision for each human being to attain his highest and best self and giving him the opportunity to contribute his creative thought, whether much or little, to the experience and for the good of mankind.

This relationship which gives the human being his natural right to develop to his highest capacity is the fundamental principle in democratic thought and rightly and wisely applied should tend to the highest degree of group order and control. In the individual it should lead to self-discipline and moderation rather than to license and excesses.

The application of such principles in

[1] Read at the annual meeting of the National League of Nursing Education, Atlantic City, June 21, 1920.

the home in the early life of the child does not presuppose a relaxing of supervision, but rather a speeding up of an understanding supervision and a withdrawing of authority and dominant control. Supervising and directing the development of an activity is something quite different from inhibiting or forbidding the development of the activity. With the prevailing new thought towards education and discipline it is probable that ofttimes the pendulum has swung to its extreme angle, and instead of replacing the former idea of autocratic rule and authority by intelligent direction and supervision, children have been permitted to drift fitfully along, unguided and undirected.

The nursery and elementary schools in some measure are making up for the failure in the home to bridge the change in thought, but they cannot do so entirely, and as a result serious problems of adjustment are being presented continuously to our higher educational institutions. As hospitals have a place in the system of professional education, these basic things are of as great importance to them as to other professional schools and colleges, and therefore they are vitally concerned with what happens in the early life of the child.

In schools of nursing we are compensating for our urge to change by making the error of fathers and mothers. We know that the old-time military discipline will not longer be accepted. Young people are absolutely against it. It does not fit in with their ideas of progress. Their background has not prepared them for that which we accepted without a challenge. In its old form it does not coincide with their experience. They have always exercised the right to question. They are living in an age when rights and privileges are dominant topics for consideration. They see no reason why they should follow an order or rule because it is an order or rule. In consequence we find ourselves facing innumerable new and teasing problems to study (I had almost said settle), and I believe we must admit that much of the fault is ours. In our anxiety to seem progressive, to show our interest in modern ideas of freedom and liberty, we have retrenched in our authority at this point and that, and have also gone to the opposite extreme, with the result that many of the objectives we formerly sought to gain through military discipline we have lost sight of entirely. Thus the achievement in the care of the patients is often less good than should be reasonably expected from thoughtful students. Neither the time at my disposal nor the topic to be discussed permit me to follow this discussion to a conclusion other than to say, we have suppressed our ideas of military discipline, but have not made adequate substitution for that discipline through a better understanding and a closer personal supervision of our students while they are giving bedside care to the patients in the hospital wards. Most of their inefficiencies, I am convinced, are due to our inadequacies in presenting to them their obligations in so high a vocation as nursing rather than to their unwillingness to accept responsibility of a nature they are competent to assume.

Only a short time ago in discussing the subject of "personal and professional relationships" with a class of students, the question of what the student owed to the patient, the institution and to the community versus what the institution owed to her, gave me much food for thought. In a later conference with an individual student she said: "I believe it would have been

better had we known those things earlier. I think we would often have reacted differently." Now it is quite interesting to note that many of the points in question were not new. They had been discussed in some very early classes, but the experience of the students was probably too limited for them to make the necessary application. At that time the students were presented with the facts, at the later date these facts were worked out through their experience with the aforesaid result.

It is evident that our present personal relationship to our students is less restrained and therefore more wholesome and natural than formerly, but it is still less perfect than it should be and apparently less valuable to the students. A careful study in detail of student, school and hospital relationships would seem to be essential before we can assume to form with precision satisfactory policies for the conduct of the school within the hospital.

Desirable interprofessional relationships are determined by an understanding of "obligations and claims" or "responsibilities and rights," through adjustments and coöperation. The students in the school of nursing and in the school of medicine have certain obligations to the institution as factors in fulfilling its function and certain claims on the institution for the part it contributes to their education. They have on the one hand obligations and responsibilities, but on the other hand they have claims and rights. These obligations and claims are inherent in any organization and in any community. Perhaps because our hospitals were organized on a military basis to meet essential needs and service was the dominant note, the relationships have always been more or less determined on the basis of "obligations and responsibilities" rather than on individual "rights and claims" or, better still, on an accepted consideration of each in fulfilling its specific aim.

The central figure in the administration of a hospital is the hospital superintendent, sometimes a doctor, sometimes a business man and often a nurse. In the administration of the majority of institutions that officer represents every other department to the board of trustees. In about two thousand hospitals in this country there are schools of nursing established each with a principal or superintendent of nurses (though sometimes the superintendent of the hospital occupies both positions). I have not the figures from which to quote but I am confident that only a small proportion of these schools have direct representation from the school on the governing board. It is therefore assumed that the superintendent of the hospital is the official administrative head of the school of nursing, and the superintendent of nurses must depend upon him for her opportunities to develop the school. As most schools are organized as a department of the hospital and make up the nursing service, practically speaking this organization is correct. But obviously it is not quite just and the education of the student is a secondary consideration. The school under these conditions is represented by someone who knows technically little about it except that it adequately or inadequately meets a need in the institution. I am of the opinion that this condition would soon be changed if the superintendents of hospitals were women and the heads of the nursing schools were men.

A few days ago I had the privilege of attending a dinner where equal rights, including equal pay for men and women, were discussed and I was more deeply than ever convinced that

a major problem in considering interprofessional relations between men and women in hospitals is "responsibility without representation" and equal work with unequal pay. There is no doubt that in many institutions a serious handicap to establishing happy and satisfactory interprofessional relationships is found in an inequality in the salary scale. The recognized heads of the professional departments are paid both out of proportion to each other and to the various other members of the related staffs associated with them. This accounts, in some measure at least, for the tremendous turn-over which is seen in hospital personnel. No business concern or industry could exist under such conditions. Well-prepared and efficient people cannot long be persuaded to remain in institutional positions. I firmly believe that good relationships will never be established till more intelligent consideration is given to the appropriation of salaries and till individuals, whether men or women, are adequately paid for service rendered in proportion to their responsibilities and their ability to meet them, and till a more businesslike attitude is assumed towards the economics of living.

The medical department in a hospital has always claimed and assumed a priority over nursing, and tradition has accepted the claim. There is a sense in which this claim is just, for nurses are dependent on physicians for direction as to what therapeutic measures they will administer to patients and must needs follow with accuracy whatever is prescribed as treatment. Nurses are also dependent on physicians for diagnoses. This priority, however, is carried to the extreme when it enters into personal relationships and when what is traditionally called "hospital etiquette" provides for a subservient attitude on the part of the nurse to the physician, whether chief or interne, whenever they are associated in the hospital wards. My personal feeling about this traditional form of "hospital etiquette" is that it belongs to the past. Thinking men and women are emancipated from such ritual, and only those who are handicapped by an inferiority complex will allow such formalities to be reflected in their personalities. True politeness, however, and consideration for others is as much an obligation and a mark of culture today as in years gone by. In our emancipation from form and ceremony and our growing interest in real, practical and perhaps more material things, we have sometimes forgotten that courtesy and kindliness always go with good breeding and culture, and that "hospital etiquette" and common ordinary politeness and consideration for others are one and the same thing. The old form which required a nurse to pop up from her chair whenever a doctor entered the ward and stand with her work in her hand, or remain idle and speechless, is a relic of militarism and autocracy and has no place in a well-ordered and democratic institution. At the same time I believe it is equally out of place for any individual, whether man or woman, to remain in his or her chair when the occasion calls for another type of response. This one need not emphasize for a cultured person always senses the fitness of things. I have in mind, at the present moment, a woman who never fails to rise and find a seat for one of her colleagues or for anyone, man or woman, who enters her office. She is so deliberately unconscious of what she is doing as she is deliberately unconscious of taking up her pen to write. This is the kind of courtesy and politeness which should prevail between individuals wherever

they meet. Further gestures and exaggerations of priority and personal right to ceremony are entirely irrelevant. These ceremonials are equally inappropriate between nurses in the nursing school and have no permanent value. Emphasis placed upon kindliness, courtesy, consideration for others and respect for knowledge and experience will prevent and safeguard any tendency to discourteous and undignified behavior. Instead of aiming to develop an attitude of fear and formality in students and staff through these artificial responses an attitude of frank spontaneous behavior should rather be encouraged by persons who hold important official positions.

The nursing staff too often has been accused of assuming an attitude of control and superiority over other professional workers in the hospital wards. This attitude no doubt was developed when the medical and nursing departments held the prominent places of responsibility; but now, dietitians, nutrition and social workers have also found their places and are filling many pressing needs. Patients are treated by diet more often than by drugs, and dietitians are as essential as nurses in helping to carry out these therapeutic measures. A close relation should exist between these different workers and they should all feel equally at home in the hospital wards. The dietitian was introduced to the hospital as an instructor in the school of nursing but I believe the best relationship exists where the dietary department is centered in the general administration and is not a department appended to the nursing service. At the same time, because the wards under our present organization are administered by a head nurse who is also responsible for the care of the patients, every worker coming into the ward should seek to function in coöperation with her, as good fellowship will exist only where teamwork is the first objective.

No individual in any department has the right to use the prestige of his office for personal power over others. Similarly no individual has the right to rise on the shoulders of his associates. This is not infrequently done in institutional work. Credit for a piece of work should be given to the person who creates or initiates it. This attitude of mind is really a test of a big man or woman as it is a temptation in group life to adapt for one's own use the ideas of others particularly if the other individual has not the opportunity to carry them through to completion.

To present the foregoing thoughts in summary, as seen from the point of view of a superintendent of nurses, the most satisfactory interprofessional relationships will prevail: when the school of nursing has the opportunity to develop its educational policies unhampered by the immediate economic needs of the hospital; when there is developed a closer and better understanding of the obligation of the student to the institution, the institution to the student, and each to the cause for which they both exist; when representation always accompanies responsibility; when adequate and equal pay for equal work is given consideration in every department of the institution; when better teamwork for the care of the patients exists between the various associated departments in the hospital without undue emphasis placed on the priority or prestige of any group; when common sense, politeness and courtesy replace the traditional formality of ceremonial "hospital etiquette"; and when policies are discussed and established for the general welfare of the institution in departmental group conferences.

Investigation of Current Practice in Rating Ward Practice of Students in Schools of Nursing[1]

HELEN F. HANSEN, R.N.

FOR several years marked progress has been made, in our schools of nursing, in grading class work. This has been due, largely, to the greater use of objective tests and the grading of students on a comparative basis. Since improved rating of ward practice of students has not, generally, kept pace with this advancement, and since it is still in an experimental stage, it has seemed worth while to investigate current practice with the object of evaluation and determination of procedures for improvement, as well as for the purpose of stimulating others to make a critical study with the same objects in view.

As the first step, a questionnaire was formulated and sent to the fifty-three accredited schools in California and to thirty in various other parts of the country, making a total of eighty-three. The response was most gratifying. Fifty-three have been returned from California, and twenty-six from out of the state. One director of nurses wrote a letter stating that the reason she was not complying with the request was that she felt the method used in that school had long needed revision and, therefore, did not think it would be a help in this study. Another wrote that they were in the process of changing their forms and would send one when completed. This leaves only two schools which have not replied.

In all but five cases, the forms used were also sent. Several sent copies of reports which had actually been made. Others added additional notes or wrote letters explaining, further, the methods used or difficulties met. The majority expressed their interest in the study, saying they had long considered their blanks and technic inadequate and that they would welcome suggestions. Those who had been working on new forms often wrote of the success or difficulties they had experienced and expressed themselves as willing to give any further information which might be desired.

The various forms used were first studied with regard to their physical make-up, the method of scoring, and the qualities in which the student is graded. Of the eighty-one forms sent (some schools using more than one), fifty were of letter-head size, thirty-one of other sizes; fifty-seven printed and twenty-four mimeographed. Of the printed forms, fifteen were from commercial record companies, although many of the other printed forms were copies of these. It was also noted that where a form had been worked out by a particular school, it had sometimes been copied in full, or with a few minor changes, by other schools. In only four instances was the original source acknowledged.

The method of scoring was divided almost equally between the letter or figure method and that of underlining qualities, there being thirty-four of the

[1] Read at the annual meeting of the California League of Nursing Education, Sacramento, June 19, 1920. This article is a report of a study made under the direction of Professor Edwin A. Lee at the University of California, in partial satisfaction of the requirements of a graduate course entitled "Special Studies in the Administration of Vocational Education."

former and forty of the latter. It was impossible to tell exactly the number using letters and the number using figures, as it was not always stated. Four used a system whereby statements were completed or remarks made by the supervisor. Two of the latter were also given a figure grade. One school employs "yes and no" answers, and two have adopted the graphic method. In all but six instances, a new sheet was used for each rating.

The study of the qualities to be measured proved both fascinating and illuminating. As a rule, they were very similar, although a goodly number showed that careful thought is being given to the subject and that original experimentation is being done in this field.

the same form) received a grade of "C." In regard to conduct, the same record gave a grade of "B" to "balanced" and "C" to "well balanced"; in ability to learn, "A" for "very quick," "B" for "apt," "C" for "learns readily." In grading self-reliance, "A" was explained as "excellent"; "B," "self-reliant," and "C," confident." To the writer, it would seem very difficult for a supervisor to know when students in this school were doing "B" work and when "C."

In most instances, the same form was used for preparatory students as for older students, seven using separate ones. As the chart below shows, there was considerable variation as to the time when reports were made.

During the preparatory period, the

I. Variations in Time-Intervals of Reports

Time of Report	During Preparatory Period	After Preparatory Period
Once a week	2	0
Every two weeks	3	0
Every three weeks	1	0
Once a month	35	31
Every six weeks	0	1
Every two months	18	1
At end of each service	0	46
At end of four months	12	0
No report	8*	0
Total	79	79

* One school has only affiliates, so has no preparatory period.

Among the reports studied, a number of amusing points were noted. One report assigned one line to special points of excellence and, just below it, eight lines to special faults. This tendency to over-emphasize weakness was noticeable, in different ways, in various blanks. Sometimes, also, it was difficult to distinguish between the values of different qualities. A "good worker" received a grade of "B," while a "steady worker" (on

instructor of nursing procedures often does the grading, sometimes the head nurse, and, in several instances, all those who have a part in the student's education assist in this rating. After the preparatory period, the head nurse or supervisor, and sometimes both, grade the student. Where both give their opinions, separate reports are occasionally made, but usually one report is made as a result of a conference between them.

The question, "What plan is generally followed in making these reports?" received little comment, causing the writer to believe that this was, probably, largely left to the individual grader. Conferences with the students, before the actual grading was done, were mentioned by some; conferences with a supervisor or director of nurses by others. Definite student participation is carried out in one of the schools answering the questionnaire. Here, the student grades herself, on the same kind of form used by the supervisor. The two are then sent to the nursing school office. This director of nurses sent a copy of such an actual report. The grades in the various qualities tallied very well, but there were several marked discrepancies. In such a case, the director of nurses explained, she holds a conference with both the supervisor and the student. Having observed both of them for some time, she may be able to bring about a better understanding as to the grade the student really deserves.

One director, in order to keep constantly before the supervisor, the importance of conference with the student, has the following for the last question on her report:

> Discuss the undesirable qualities with the student in time for her to remedy them before this report is made. What was the student's reaction to this discussion? If this discussion with the student has not taken place, explain why.

Others have the student sign the report, thus showing that she accepts it as fair. If the student refuses to sign the report, the supervisor must state the reason. The schools using these methods have found that the supervisors are now more careful about the way they grade the reports. On the other hand, they have found it difficult to get some supervisors to record the weak points. One director wrote, "The head nurse *lacked courage* to discuss these qualities with the student."

Besides learning when, by whom, and how these reports are made, it seemed that it would also be valuable to find out what is being done in the way of teaching the supervisor how to grade the ward practice of her students. Five schools discuss "efficiency reports" frequently at faculty conferences, one reporting a committee which does active research along this line and then reports to the group. Twenty-one discuss them from time to time at faculty conferences; four discuss them once; two once a year. In twenty-five schools, supervisors receive personal instruction from the director of nurses or her assistant. One specified that this was given at the time of employment, and two that the personal instructions are accompanied by printed directions and cautions. Twenty-one give no instruction whatever. One questionnaire gave no answer to this question.

The nature of the instruction was not always mentioned. The points given may be summarized as follows: The grading should be fair, impartial, impersonal, not too high, and not too low. The student should be graded on what she should know for the length of time she has been in the school; in other words, a Junior should be compared with other Juniors and not with a preparatory student or a Senior. Some said that the object of the conferences was to ensure a standard grading.

The purposes of grading in the classroom are several. The student benefits by learning, from time to time, how she is progressing in her work. She also finds grading an incentive for doing good work. The instructor who

grades carefully is able to ascertain whether or not her teaching is effectual.

To learn whether or not the grading of ward practice is being done for similar purposes prompted the last three questions:

Does the student see the reports? If so, when? What is being done with reports after they are made out?

It seems to be quite a general practice to have the student see the report in conference with the supervisor or head nurse. Twenty-four reported that this is done, two mentioning that the student also discussed it with the director of nurses. In five schools, the student receives a copy of the reports; in nine, she sees them, at regular intervals of from one to six months, in conference with the director of nurses; in twenty-five, she sees them in conference with the director at request. Four directors do not show them but, upon the request of the student, read them to her. In seven instances, students do not hear or see the reports; while in five schools, they see them "if she is poor," one of these specifying that if a student is "excellent," she is also shown the report.

In all cases, the reports are sent to the nursing school office where, in the majority of cases, they receive very similar treatment; namely, they are filed. Thirty-eight schools file them permanently, while ten file them until graduation when they are summarized and destroyed; five summarize them at graduation but still file them permanently. In three schools, they are summarized twice a year; in eleven, three times during the course. Eleven transfer them to a permanent record. Two schools stated that, before being filed, the reports are studied by the instructor; four, by each member of the faculty; while in eighteen, a study is made of each report by the director of nurses, two of them having a conference with each supervisor about the reports she has handed in. One director remarked that notes by other members of the faculty are often added to this report.

On the whole, it appears that a great deal of time and energy is now expended in rating ward practice, but that this rating is, too often, done without a definite plan or aim in view and without consideration of the actual benefit to the student, herself.

In a majority of the forms in current use, an attempt is made to rate qualities which are purely subjective. These forms contain so many points to be considered that the supervisor, overwhelmed, looks upon ratings simply as an added task to which she has little time to devote careful thought and for which she is given little or no preparation. There are often so many traits, either vague in meaning or with such fine shades of difference, that they become enigmatical.

The technic used in rating points to the fact that more study is needed, both with regard to the methods used and in the way supervisors may be given real help and instruction in order that the rating may prove valuable to all concerned.

The main difficulties experienced seem to be that supervisors are apt to grade too high or too low, that their grades are too much alike, that they are prejudiced, and that it is difficult to get them to make constructive remarks.

It is noticed that the poor student is apt to be graded more carefully than the good or the average student. The supervisor is apt to grade students who have been on her ward before higher than those who have been under the direction of other supervisors. This may be because, unconsciously, she does not want to admit that students taught by her are

no better than those taught by others, or it may be that she is accustomed to their weaknesses and thus is more apt to overlook them than she would those of a student she had never observed before.

The methods employed in rating have certain disadvantages, some more marked than others. Let us first consider the figure grade. This requires a finer discrimination than is possible in grading which is not purely objective. For instance, even if it were possible, would it be valuable to know whether a student ranks 68 or 69 in personal neatness? It is also impossible to have any general agreement as to what constitutes 100 per cent. Then, too, one is apt to be governed by the figure which was called a "passing grade" when in school. With various supervisors this may have ranged from 50 to 80 per cent. One supervisor would give a grade of 50 to the student who was "barely passing," while others might give the same student any grade up to 80.

The "yes and no" type is seldom valuable, since there are so few qualities that one possesses in such marked degree. Most of them have many gradations and follow the normal curve in their distribution.

There are also objections to simply making remarks or grading the student's work as a whole. The supervisor is apt to be influenced by the student's personality or the amount of work she does, and thus overlook some good or bad traits to which a list of qualities might call her attention. Neither is she taught to analyze her students carefully unless various qualities are to be considered, nor is the student afforded an opportunity for self-analysis or improvement along the lines most needed. It is also valuable to watch a student's development in one particular phase of her work.

Few and remarkable are individuals who are not influenced by the opinion of others. It has been concluded in researches in industry that the rater who sees previous reports cannot draw unbiased conclusions, and that it is, therefore, best to use a separate sheet for each rater. If several people, such as a head nurse and supervisor, are to report on the same student, it is better to have each one make a report by herself than to have one report as a conference between the two. These reports could then be averaged.

The frequency with which students are rated will depend upon circumstances. The schools represented in this study show that, after the preparatory period, one and one-half times as many have reports made at the completion of a service as at the end of each month. Those who have studied rating in industry are generally of the opinion that reports made at the end of every three months, except in cases of employees who have been in the same department for one year or more, are the most valuable. If this basis is used, the supervisor should, nevertheless, review the student's work at definite intervals. This will tend to enable her to keep the student's qualities in mind. If the rating scale is not considered until the time it is to be submitted, there is danger that the supervisor will be influenced by some recent occurrence, either good or bad, or that the report may be affected by her own mood at the time. The most important reason, however, for considering the points on the rating scale at frequent intervals, is to enable the supervisor to talk over the student's rating with her, so that she may improve her weaknesses and be encouraged by the realization of qualities in which she ranks high.

Bearing in mind the facts acquired from this study, it has been interesting to attempt to formulate a rating scale which will obviate some of the difficulties mentioned above as well as include features which have been the result of careful research in schools of nursing and in industry where rating scales have received both much thought and experimentation.

Since most forms and filing cabinets in use are of letter size, and since this size is more convenient to handle, it seems more practical to have the rating scale adhere to it. The mimeographed form is desirable while experimentation is being done, as changes may then be made without incurring any decided expense. When, however, a blank has been evolved which seems workable, a printed form has obvious advantages.

The number of qualities should be considered. Charters has said that there is "no theoretical limit to the refinement of analysis of personality, but there is a practical limit." The range of characteristics, with their varying degrees, depends only on one's vocabulary, but it is more practical to concentrate upon a few of the more important, even though many of value will be omitted. The "time" element as well as the many other responsibilities of the supervisor must also be considered.

Since students in a school of nursing do not accomplish the same work under identical conditions, the problem becomes much more difficult than in industries where piecework is done. By selecting qualities which are pronouncedly objective, a more impartial attitude may be attained, thus overshadowing the subjective elements. The grading of moral qualities depends upon personal standards of the rater, so they cannot be measured impersonally. It seems, therefore, best to omit them in this type of rating scale. The occasional exceptions to which it is necessary to call attention, as lack of honesty or similar traits, may be taken care of by using lines for that purpose.

By leaving space for additional remarks, incidents having a special bearing on the individual's record may also be indicated:

Whenever patients want something, they are more apt to ask Miss ——— than any of the other students

or

Miss ——— talks continuously while caring for her patients

reveal certain characteristics which should not pass unnoticed but for which it would be unnecessary to allot space for each student.

With these points in mind, the forms sent by schools of nursing as well as those used in various industries were again studied. A scale was worked out on the plan evolved in the laboratory of the Scott Company in 1920, in which qualities were defined, instead of named. In this way, one is sure that the rater will read to the end and have a clear understanding of what is to be considered. Three or five phrases are best used in order to have a central phase which is most often present, in that it represents average ability. Expressions of varying degrees of ability elicit truer distinctions than the use of words, as "Excellent, good, fair, etc." The following scale has been worked out on this principle, placing first three qualities which have more bearing than the others on the safety and comfort of the patient. Often those who should study this report will not have in mind the student's health record during this period. In order that its bearing on her ward practice may be considered, a space has been provided to be filled out by

the one who supervises the student's health.

In a scale of this kind, frequently, no divisions are made between qualities, in order that the rater may make as fine a distinction as he wishes. This may be valuable in an industry where there is a personnel department with sufficient clerical help for scoring. It seemed wiser to try a more simple plan for a school of nursing. For this reason each line was divided into five sections.

San Francisco and Mount Zion Schools of Nursing in San Francisco used this scale for their March ratings in order that the actual results might be observed. The scale was discussed at supervisors' conferences and the following written instructions given, with the request that all students who had been in the service one month or more be rated. Each supervisor was also asked to hand in her criticism of the scale as a whole or of any particular part.

"I enjoyed using it."

"Students seemed more interested in seeing the scoring than they had formerly been."

"Except for number "4" it is more successfully used in the surgery than previous ones."

Before deciding upon the value to be allotted to each quality, conferences were held with twelve executives who had had experience in rating students in schools of nursing. As the result of a study of these opinions and that of the writer, a total of one hundred possible points was used. The first, second, and third qualities were given the same value for the upper limit in that they affect markedly the comfort and safety of the patient. The second and third were given less value for the remaining divisions since they involve, directly, the safety of the patient. The points for the seven traits were distributed as shown on page 989.

It was the general opinion that several schools using a scale of this kind might not agree with this distribution in every respect but that this would not affect the value of the scale, provided the same values were used for each rating.

In order to facilitate rating, a stencil made from a discarded x-ray film was used. By placing this over the scale, the scoring was done quickly, the figure value being placed in the margin. For example, if a student

RULES FOR RATING WARD PRACTICE

1. If there are any questions on the scale or the definition of terms, consult the director of nurses.
2. DO NOT consult anyone in making rating.
3. Remember that the lower and upper limits represent extremes, that the central phase represents the average.
4. Consider all students on the ward with regard to the first ability, then the second, etc.
5. When considering traits, recall definite incidents illustrating point in question.
6. Allow rating in one quality to be free from influence of others.
7. Place a check over the quality which best suits the student who is being rated.

| | | ✓ | | |

8. Express frankly any important points which this scale does not cover. If lines allotted are insufficient, use other side of sheet.

| 1 | | ✓ | | | 8 |

RATING OF WARD PRACTICE

Name..... *Date: From*..... *to*.....

Class..... *Unit*.....

1. Consider *manner* of caring for patients.	Apathetic.	Mechanical.	Willingly executes requirements and patient's desires when brought to her notice.	Earnest. Attentive. Usually alert.	Undivided, alert interest in welfare and comfort.
2. Consider skill and dispatch with which nursing procedures are carried out.	With constant blunders.	With frequent errors.	With diligence. Occasional errors.	With exactness. Rather slowly.	With precision and expedition.
3. Consider success in meeting new situations.	Unable to meet new situations.	Needs detailed instruction and constant supervision.	Needs moderate amount of help.	With few suggestions, does well.	Resourceful, ready, and able to form and execute plans.
4. Consider effort shown in promoting health education.	Ignores most opportunities.	Indifferent to many opportunities.	Observes faulty health habits. Sporadically aids in correction.	Enthusiastic. Does not always utilize opportunities.	Recognizes, uses to advantage each opportunity.
5. Consider neatness of dress.	Usually untidy.	Frequently not trim.	Usually inconspicuous.	Well groomed.	Immaculate.
6. Consider impression made on patient by physique and carriage.	Instills feeling of anxiety.	Lacks poise.	Not distinguished in bearing.	Usually well poised.	Inspires complete confidence.
7. Consider manner toward those in charge.	Antagonistic.	Occasionally resentful to criticism.	Accepts criticisms. Does not always carry out suggestions cheerfully.	In the main, cooperative.	Always cooperative.

Further points of value in aiding student to develop her abilities.....

.....

.....

.....

How many times during this service, has this rating been discussed with the student?.....

Signed.....

Supervisor.

HEALTH RECORD

To be filled in by infirmary service.

Weight.....

No. of days in hospital.....

No. of days sick leave when not in hospital.....

No. of visits to school physician when not off duty.....

Remarks.....

.....

Signed.....

received a check over "mechanical" in the first trait, she would be given "8."

different students and that no student was rated by more than one supervisor, as well as the fact that supervisors

II. Empirical Values Assigned to Traits in Rating Scale

1.	4	8	12	16	20
2.	0	5	10	15	20
3.	0	5	10	15	20
4.	3	6	9	12	15
5.	1	2	3	4	5
6.	2	4	6	8	10
7.	2	4	6	8	10

By using this system of having the values assigned in the nursing school office, the rater thinks only of the qualities in which each student is being rated instead of the per cent or letter grade which she thinks would be fair.

After the eighty-eight rating scales which had been submitted were scored, the numbers receiving the various scores were tabulated with the following result.

were using this scale for the first time. No accurate conclusion may, therefore, be drawn from this distribution. It did help the writer, however, in that it became evident that several of the sub-divisions were impractical. Conferences were then held in the schools in which the rating has been carried on, and several changes made before the scale was printed.

It will be impossible to draw any

III. Summary of Results in Scoring Eighty-eight Students

1.	3	8	36	28	13
2.	3	7	45	17	16
3.	3	13	29	29	14
4.	2	11	35	15	25
5.	2	4	31	40	11
6.	0	10	38	23	17
7.	3	4	13	38	30

It must be remembered that these ratings were made on eighty-eight

definite conclusions regarding this scale until a number of students have

been rated by three or more different supervisors and a comparison of the ratings made.

In using a scale of this kind it then becomes possible, if a figure value is assigned to each quality, to make an annual impersonal average either in each aptitude or in the student's work as a whole. The ratings may then be separated into the various classes as first year, second year, etc., and thrown into "A," "B," "C," "D" groups in the same manner as is done with classroom work. Such a system should also facilitate the working out of a correlation between classroom work and ward practice.

The use of this scale, as well as any other, involves definite instruction of the supervisor both as to its value and technic of rating. Its value is apparent only if it is not only used by the faculty to determine the progress of the student and ways in which they may help her, but is also available to the student in such a way that she may use it for self-improvement.

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Can We Convince the Physician That Preventive Medicine Is the Next Logical Development and Is Economically Sound?

THE reasons why preventive medicine is the next logical development and is economically sound are based upon these cardinal facts as observed in New York City:

125,000 to 200,000 people are sick in bed every day.

Over 500,000 people are ill, though not abed.

70,000 people die each year, many—too many—from preventable diseases.

It is estimated that we spend in New York City, $150,000,000 annually for the cure of disease and $8,000,000 for prevention.

An outside figure of the amount spent by the Health Department and the many voluntary health agencies in New York represents a per capita expenditure of $1.42, or a per capita of less than 4 mills per day, per person.

The expenditure for the prevention and control of disease is estimated to be one-eighteenth of that for the care or cure of disease.

Unless the prevention of disease becomes the dominant practical ideal of health workers, we shall drift from the most magnificent opportunity ever afforded medicine to work for the improvement of humanity. All sound-thinking public health leaders are agreed that preventive medicine is logical and sound but, unfortunately, we lack the inspired leadership which would successfully translate our ideals into a working program. We must not hesitate to recognize our deficiencies, nor must we fail to follow any lay leadership which would set our feet upon the right road.—Shirley W. Wynne, M.D., Address for the Annual Conference of Health Officers and Public Health Nurses of State of New York, Saratoga Springs, June, 1920.

Student Nurses' Page

The Introduction of the Eight-Hour Shift

HELEN R. WILSON

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THE Twentieth Century has been marked with achievements, inventions and progress, in every degree, to the satisfaction and benefit of the entire universe at large. When such advantages have been rendered to each branch of undertaking in the mechanical and commercial worlds, it is not probable that the nursing profession should linger in the background. No, it, too, is progressing in its methods and regulations with the "wheel of time," and its latest achievement embraces the introduction of the eight-hour shift for its pupil nurses. This shift, which is now used in our own hospital, is the outcome of efforts to introduce an eight-hour day, common in industrial work but not used in training schools until 1891, when it had its beginning in the Farrand School for Nurses (Harper Hospital) Detroit. Timidly, but assuredly, it is becoming the standard schedule of duty hours for first-class hospitals.

Its entrance marks a new era in this age-old profession. The benefits which it entails are too numerous to be recalled here, yet a few words may induce other hospitals to adopt this much needed new arrangement of duty hours for the nurse. By it the student body is divided into three shifts: 7 a. m. to 3 p. m.; 3 p. m to 10.30 p. m.; thence, from 10.30 p. m. to 7 a. m. All class schedules are carried on outside of the hours of duty, so that each nurse is on duty approximately eight hours daily.

By this organization of shifts, the nurse is afforded relaxation and rest from the physical and mental strain under which she labors when on duty. She is thereby given the opportunity of mingling with people other than those connected with the hospital staff and, by so doing, a vital interest in the current events of the outside world is aroused in her. Such a complete change in the trend of thought refreshes the nurse's mind and body and keeps her in a more suitable condition to concentrate thoroughly upon the various subjects included in her curriculum and necessarily demanded by the Nurses' Board of Examiners as a preparation for the practice of her profession.

We have also found that, on the eight-hour shift, the nurse returns to duty with more vigor and energy and consequently with more interest in her patients. She can give to her patients, with greater ease, those delicate attentions and kindlinesses of word and manner so essential to a patient's contented frame of mind, a factor which plays such an important part in his recovery. Hence, we see that this regulation of duty hours is as beneficial to the patients as to the nurses.

Of course, we have to expect in the

eight-hour shift, as in any other enterprise, some disadvantage. The patients have to accustom themselves to three nurses daily, as has also the medical staff. On the part of the nurse, on the other hand, there being a greater number of patients entrusted to her care, she must assume more responsibility and a deft, quick and gentle method of performing her various tasks, so that her work may be completed promptly at the appointed time.

However, when comparing these two influences of the eight-hour shift, we find that its advantages are so numerous that its disadvantages play only a minor part. Hence, does it not obligate the superintendents of the various hospitals not now using this method of assignment to give their undivided attention to a study of this organization and an earnest endeavor to introduce its permanent establishment in all high grade training schools for the benefit of their nursing staffs?

A Basket-Ball League

NELLIE M. MILLER

Philadelphia General Hospital, Philadelphia, Pa.

"BASKET-BALL! did I hear someone say? When in the busy life of a student nurse is it possible to find room for basket-ball?" So ran the thoughts of many when there was talk of forming a Basket-Ball League for the student nurses of Philadelphia. But have we not found it true that wherever there is strong enough desire to do a thing, there is always a way of doing it? In a nurse's life there are not any words like "giving up."

And so, with the excellent leadership of a few instructors, and the splendid cooperation and support of the students and graduates, the Student Nurses' Basket-Ball League of Philadelphia was formed. The first schools to join were Graduate, Mt. Sinai, Abington, Presbyterian, Methodist, Jewish, Pennsylvania and Philadelphia General.

In December, there was a meeting of the superintendents of nurses and several instructors from each school. At this meeting a committee was elected to plan the basket-ball schedule for the coming season. This committee decided that since there were only eight schools represented, four games could be played in one evening. So a floor centrally located was selected and two referees for each evening were engaged.

However, now that this part was settled, each individual school must deal with its own problems. When the committee's report was brought back to Blockley, our problems were many: "Where can we find a floor to practice on? How shall we raise money for our equipment, including suits? Whom do we have who can coach us?" Our entire school turned out to help us face these problems, affiliates and graduates included. Among our dietitians we found a well-trained coach. Our superintendent secured a floor for us. The Student Government Association gave a movie to raise the money for suits and other necessary equipment. It was possible to send out a well-trained group of players, whom we are proud of, to our first game in January.

Tuesday evening of each week, the League meets and four games are played. The winning team of the season wins a silver loving cup which is given by the Women's Auxiliary of the American Legion.

We have already gained much by association with students from all over the city, and we believe that nowhere can be found a more friendly, happier and healthful group of students, filled with the spirit of good fellowship, than in our Student Nurses' Basket-Ball League of Philadelphia.

Our Contributors

It is eminently fitting that Miss Nutting, Emeritus Professor of Nursing Education, Teachers College, New York City, and a founder member of the I. C. N., should speak on "The Future" of nursing, for few indeed have shown more penetrating vision.

Virginia McCormick, Publicity Secretary of the American Nurses' Association, collaborated with Mary Marvin, R.N., in preparing "The Nurse Invites Inspection," an article on the League's exhibit shown at Atlantic City and again at Montreal.

Nina D. Gage, M.A., R.N., President of the International Council of Nurses, is fundamentally a nurse educator. During her years in China she spent more than one furlough in this country doing postgraduate work.

Hazel Groff, R.N., a graduate of the Illinois Training School for Nurses, is in charge of the In-Patient and Out-Patient Children's Clinics at Cook County Hospital.

Frances P. Maguire, R.N., has been successively, high school teacher, social worker, and is now instructor at the Eagleville Sanatorium, Eagleville, Pennsylvania.

Col. Leonard P. Ayres made notable contributions to the literature of education before the Great War took him to Washington to establish the statistical service of the War Department. He is now Vice President of the Cleveland Trust Company, Cleveland, Ohio.

Professor (Dr.) Julius Tandler was a notable figure at the International Hospital meeting. He is Commissioner of Health, Hospitals and Public Welfare, Vienna, Austria.

Emily Cramer, A.B., R.N., received the generous annual scholarship award of the Board of Directors of Illinois Training School at the recent Commencement exercises.

Isabel Macdonald, S.R.N., is Secretary of the Royal British Nurses' Association.

A. Gordon, R.N., is Matron of the Victoria Nurses' Institute, Cape Town, South Africa.

Jessie Bicknell of New Zealand is Director of the Division of Nursing, Department of Health and is also Chief of the Army Nursing Service.

Ann Doyle, R.S., R.N., presents the second of her carefully compiled articles on the Sisterhoods. Equally valuable material is being collected for the coming articles on the Deaconesses and other Protestant Sisterhoods.

Gladys E. Stephenson, S.R.N., is widely known in this country through her association with St. Barnabas Guild. She is an English missionary to China where she has consolidated four small schools to form the Hankow Union School of Nursing, Hankow.

Ella J. Taylor, R.N., is Associate Professor of Nursing, Yale School of Nursing, and Superintendent of Nurses, New Haven Hospital, New Haven, Connecticut.

Helen F. Hanson, A.B., R.N., a graduate of Mt. Sinai School of Nursing, New York City, is associated with Sarah G. White in the work of the California Board of Nurse Examiners.

Department of Red Cross Nursing

DEPARTMENT EDITOR: CLARA D. NOYES, DIRECTOR NURSING SERVICE, AMERICAN RED CROSS

Miss Kuhn Leaves the Philippines

ERNA KUHN, Red Cross nurse, who has directed the Nursing Service for the Philippine Chapter for three years, submitting her last Annual Report, in her letter of transmittal to the National Director of Nursing, writes:

> This will be my last letter from the Philippines. Your encouraging letters and understanding of our service have been most helpful. It is a most interesting piece of work and I am leaving it with a good deal of regret, but three years of the Tropics is quite enough, and I must have a change. . . .

Miss Kuhn has been succeeded by Pansy Besom, who has already served one "tour of duty" preceding Miss Kuhn.

The Annual Report gives some interesting figures as well as interesting information. The Chapter, at the end of the year, was employing 58 public health nurses (all natives); these were distributed through 38 provinces, the headquarters office in Manila employing twelve. Six disasters required the services of nurses; some of these were of a most devastating and dramatic nature. The activities of these nurses include participation in institutes, acting as teachers in the School of Public Health Nursing, University of the Philippines, Hospital-Day exercises, and institutes for school teachers, where they assisted physicians with the physical examination of the teachers, and giving health talks and home hygiene demonstrations. The Chapter nursing program has included public health nursing and classes in home hygiene and care of the sick. It is also reported that eleven additional nurses were employed at one period during the year to give typhoid-cholera injections during an outbreak of typhoid fever in Manila.

Cebu, a province with a very high percentage of leprosy, has been supplied with three nurses who, after special training under Dr. José Rodriguez of the Philippine Health Service, an authority on leprosy, were distributed through the province to observe and report skin conditions and symptoms suggestive of leprosy. Pansy Besom returned January 1, 1929, for a second tour of duty.

Red Cross Cape—Symbol of Service

ANNIE GABRIEL, a Chapter public health nurse, writing from Marked Tree, Arkansas, expresses the sentiment that many nurses have felt for the historic cape of the Nursing Service:

> After ten years of service, my Red Cross cape is now on its way back to you. It is very much worn, but I hated to part with it, especially since I will not have another. It has kept me warm and dry during many days of hard labor in the field. In South Texas I used to hang it on the door of the car, red side out, and the mothers watched for that signal to bring their children to the health center, or to meet me at the roadside on my return. Little girls have asked me how they could get one like it, and some have tried to duplicate the material to have one. Many times its beauty has been the subject of comment, and it has helped to kindle the fires of friendship. I hope that I have always worn it worthily and, as I am severing my connection as a paid worker, I hope that I can always be known as a Red Cross nurse.

Opportunities in Haiti

WE hope that the following notice which is being widely distributed will attract the attention of readers of the *Journal*. Only Red Cross nurses are considered for this work. Nurses who are eligible and are otherwise qualified will be considered, as enrollment can be easily facilitated.

The Nursing Service of the American Red Cross for the last ten years has selected nurses to serve on the faculty of the Municipal School of Nursing at Port-au-Prince, Haiti. Four American nurses are employed. They live in separate quarters, and transportation by automobile to and from the hospital is provided.

The American faculty is responsible for all supervision of nursing and teaching. The administration of the hospital, housekeeping, etc., is under the direction of an order of French Sisters.

As French is the language of the natives, only those nurses who have a speaking knowledge of this language are desired.

In addition, a nurse must be physically fit for work in the Tropics.

She should also have had experience in training school work, especially supervision and teaching, and possess those personal attributes that will enable her to live and work sympathetically and comfortably in this particular field.

The salaries are commensurate with those paid in this country. Transportation is also furnished.

A vacancy now exists which should be filled as promptly as possible. Red Cross nurses who may be interested are invited to correspond with The National Director of Nursing, American Red Cross, National Headquarters, Washington, D. C.

A New Method of Transportation for Red Cross Public Health Nurses

ALMOST every means of transportation have been used by nurses —buggies, horses, street cars, snowshoes, the faithful "Lizzie" and walking. The miles that faithful nurses have walked, and the stairs they have climbed, like the stars cannot be counted, and now a new method—the aeroplane. From North Dakota, Cavalier County Chapter, Kristie Myrdal writes:

> In my last report I failed to mention that I made one trip by aeroplane to see about some suspected cases of scarlet fever and to inspect the village school. The roads were closed for cars, and the trip would have taken a day and a half by rail.

Vacancies in the Army and Navy Nurse Corps and the Veterans' Bureau

THE Navy still reports vacancies in its Nurse Corps. The Army is also below its quota. Red Cross nurses, as well as unenrolled nurses, are urged to look into the opportunities in both these services. Hundreds of young women are graduating this spring from schools; the summer is the slack time in the private duty field, even if the study made by the Grading Committee did not indicate that it is already overcrowded.

The Veterans' Bureau—that great agency responsible for the care of the ex-service man and woman—reports vacancies. It has an authorized strength of 1,940 nurses, with 1,850 on duty. Nurses will soon be required for five new hospitals that are being opened. These are located at Hartford, Conn; Coatesville, Pa.; Summit, N. J.; Lincoln, Nebr.; and Lexington, Ky.; while that at Atlanta, Ga., is being rebuilt.

Detailed information can be secured by addressing the Superintendents of the several Nurse Corps at Washington, D. C.

News Notes

ANNIE J. LOWE, a Red Cross nurse, now on furlough, but who has served many years as a missionary in China, sends some interesting clippings which may interest those nurses who are familiar with St. James Hospital at Anking, and have

followed the history of the revolution. After twenty years of service, St. James Hospital was forced to close in March, 1927. After ten months of occupation and abuse by the soldiers, medical work was resumed on a small scale in a so-called Union Hospital, which led gradually to the partial reopening of St. James under the auspices of the Mission. Apparently there has been no opposition from the local government. Mrs. Lowe returns in August. Says Dr. Sund, a Chinese doctor, in closing his interesting account:

St. James Hospital really fulfills a need in this part of China. It is regrettable that along its path of peaceful development anything should have come in its way to obstruct its progress. Great and unfortunate as the sacrifice indeed was, it nevertheless might have been made for a greater cause. At the threshold of a new national life when everywhere one sees signs of reconstruction and rehabilitation, do we not find inspiration for renewed effort in serving man, country and God?

Visitors to Red Cross National Headquarters

THE following foreign guests have spent some time in Washington during the month of June: Mlle. Chaptal, President, National Society of Nurses of France; Sister Bergljot Larssen, Administrator of "Trained Nurses' Association of Norway;" Elizabeth Lindt, Secretary, Swedish Nursing Association; Zofira Majdrakova, from Bulgaria, a graduate of the American Hospital and School of Nursing of Constantinople, and more recently a member of the staff of the Red Cross School of Nursing of Sofia, Bulgaria, organized by American Red Cross nurses, and a Rockefeller Scholarship student.

All of these nurses attended the Congress of the International Council of Nurses in Montreal, as official delegates.

Enrollments Annulled

THE enrollments of the following American Red Cross nurses have been annulled, but their appointment cards and badges have not been returned. It is to be noted that appointment cards and badges always remain the property of National Headquarters and their return is requested when enrollment is annulled: Mrs. Jay Auwaster, *née* Margaret Edith Sellars; Mrs. William Clawson, *née* Edna Elizabeth Kingston; Mrs. H. H. Fisher, *née* Nellie Frances Owens; Anna Marie Geetsch; Mrs. W. E. Grant, *née* Hazel Selma Ogle; Mrs. R. H. Gunter, *née* Edna Mae Rice; Mrs. O. F. Haag, *née* Neta Winifred Teachout; Mrs. Reese Jane Hamilton, *née* Earnest; Mrs. C. M. Hansell, *née* Martha Peterson; Ellen R. Hansen; Minnie Harrison; Retha E. Haugen; Mrs. Lena Belle Heare, *née* Drake; Mrs. F. G. Houghton, *née* Lulu Mildred Watt; Mrs. Naomi E. Lawson, *née* Roberts; Grace Elizabeth Miller; Mrs. Violet P. Miller, *née* Winston; Maria H. Nigl; Mrs. O. E. Olsen, *née* Esther Elizabeth Anderson; Mrs. Alphonse Porter, *née* Helen K. Chadwick.

Bay City Hourly Service

BAY CITY, MICHIGAN, has a successful hourly service. The Civic League Nursing Service started the hourly nursing in 1920. At that time some publicity was given to the service. There are no two distinct services or prices, as such would be confusing in a city this size and type. Bay City has no one slum district and no one distinctly wealthy district.

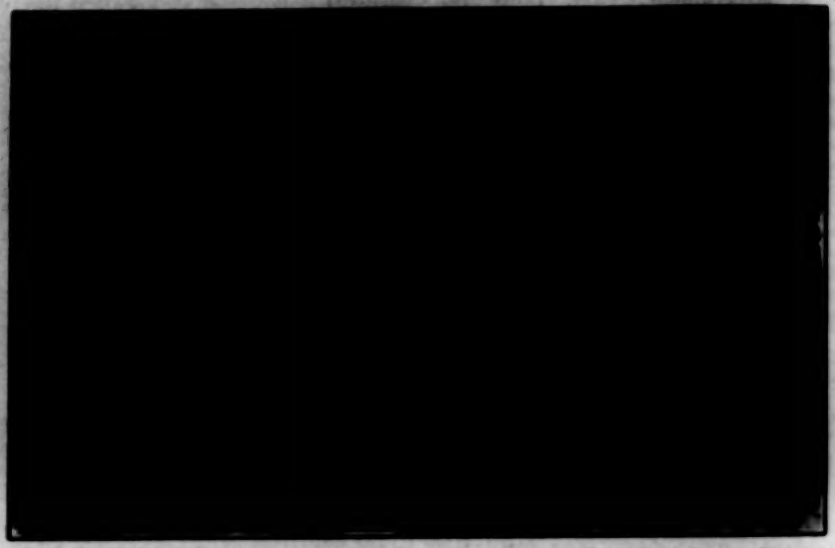
The price is based on a visit of $1, actual cost 97 cents. When giving service in the homes of the wealthy and middle class, we explain that the rate per visit is $1 for forty minutes, if longer time is needed, there will be an extra charge. This plan has worked out very well and has not caused confusion or misunderstanding. The price for operations has been fixed at $1 per hour for each hour—rarely more than two hours are called for.

It has been found that people are satisfied if they have a general idea when the nurse will arrive. Obviously, this saves waste of time, as she may be a little early or late, depending on other cases. This service is mostly for surgical dressing, bladder irrigations and douches.

So far, services have only been offered between 8.30 a. m. and 5 p. m.—The *Michigan Nurse*.

High Lights of the I. C. N. Congress

IT was a great convention! The registration of 4,213 nurses representing 26 countries proved to be almost overwhelming to delegates from countries which still reckon membership in hundreds instead of in thousands. Of those registered, 2,054 were Americans and 2,022 Canadians, but it was the 357 delegates from overseas who gave the Congress its unique quality. It was not in size alone that it was a great Congress. The hospitality of the Canadian nurses was a great lesson in efficient organization as well as a nurses' number and religion. Policemen cleared traffic for the blue and silver insignia of the I. C. N. Boy Scouts and Girl Guides were on the alert to do their bidding at High School and Forum. The Canadian hostesses were here, there, and everywhere, quietly, smilingly, efficiently and extraordinarily unobtrusively keeping the whole great organization moving swiftly and smoothly from scene to scene. A bi-lingual city proved an especially happy choice of meeting place, as many of the non-English-speaking peoples



THE GRAND COUNCIL

1, Miss Breay (England); 2, Miss Munro, Treasurer (England); 3, Miss Hervey (Canada); 4, Miss Noyes, 1st Vice President (U. S. A.); 5, Miss Gage, President;

glorious adventure in friendship to be treasured for a lifetime. The program was inclusive and it was efficiently executed. The opportunities for informal contacts were legion; meetings were held in the High School and in hotel ballrooms, as well as in the spacious Forum, and as the groups moved about, the stranger of one day became the friend of the next.

No city could have been lovelier than Montreal with its perfect summer weather which remained clear for the entire week. No city could have been more hospitable; hotels, convents, homes, all gave of their best to

speak French, the language of diplomacy, and Montreal is, of course, predominantly French.

Hospitality

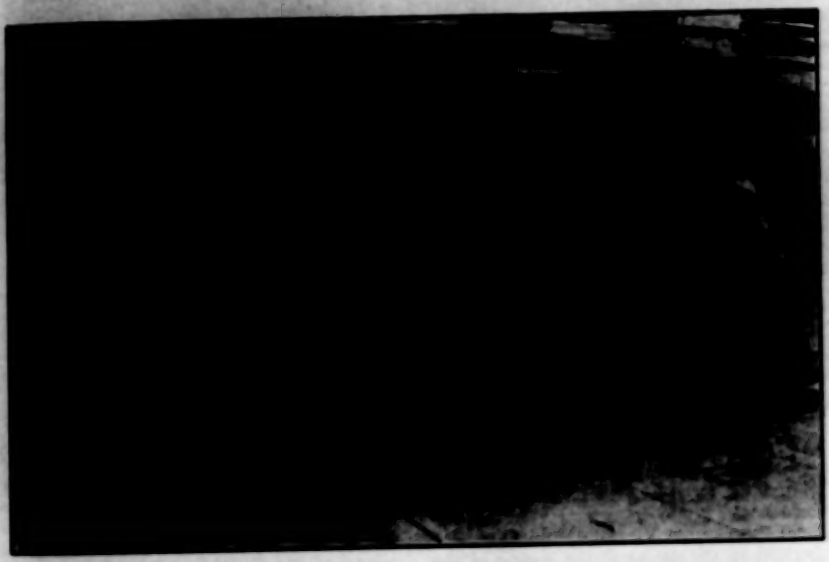
A GARDEN PARTY on the campus of McGill University was a happy thought, for only an outdoor function could possibly be arranged for a group totalling as large a number of people. Twenty-one hundred were seated at the dinner in two ballrooms of the Mt. Royal Hotel, but many of the later applicants for tickets were disappointed because of the limitations of space. The program was broadcast between the two ballrooms, as

that all could hear the greetings from the national representatives seated at tables presided over in one room by Miss Hervey, with Miss Gage at her right, and in the other by Miss Riehl with Mlle. Chaptal, the incoming President, at her right.

Luncheons, teas and dinners in profusion were given in some of Montreal's loveliest homes and exclusive clubs, both French and English. Hospitals and nurses' homes shared "the happy privilege" of entertaining. Alumnae associations and other professional groups seized the opportunity for "get-

of the International Council of Nurses, at which the flags of the appropriate nations marked the places. The Japanese Nurses' Association entertained at an exquisitely decorated luncheon table beneath the spreading shelter of a huge Japanese umbrella, where the representatives of Japan and Korea honored the guests from other lands by appearing in native costume, and spoke of the ideals and purposes common to all lands.

The hospitals of Montreal, many of which are in charge of religious orders, were hospitably open for inspection during the entire



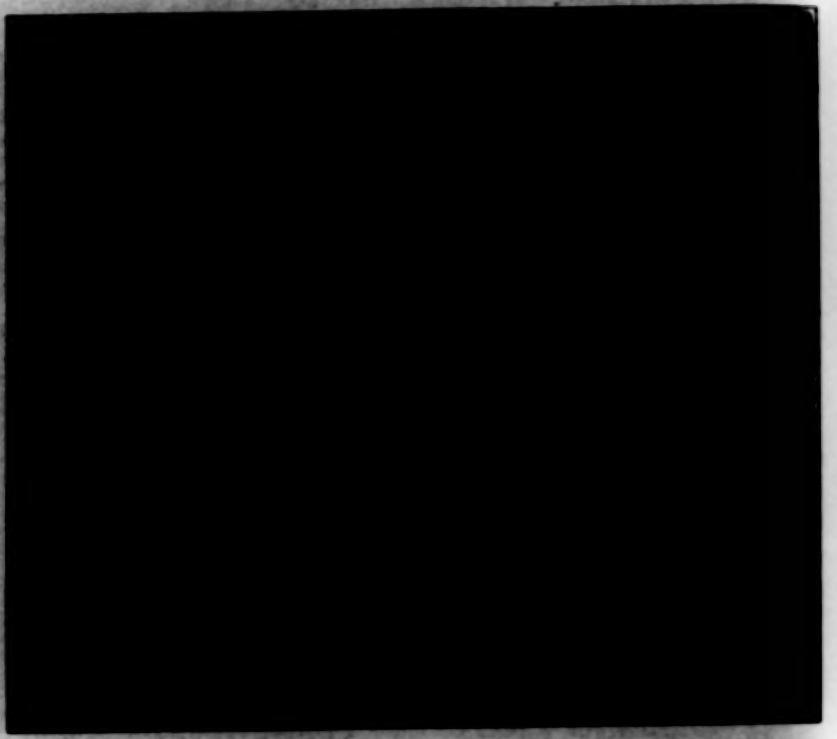
OF THE I. C. N.

6, Miss Reimann, Secretary; 7, Miss Gunn, 2nd Vice President (Canada); 8, Miss Stenlman (Finland); 9, Miss Astrom (Finland); 10, Miss Hellemans (Belgium); 11, Miss Meeheleynck (Belgium); 12, Miss Siebert (Belgium); 13, Miss Feldhaus (Denmark); 14, Miss Baxter (England); 15, Miss Burgess (U. S. A.)

together" parties of many sorts. Of these, that of the "Old Internationals," graduates from many lands of the course at Bedford College in London, was especially thrilling. The official group entertained and was entertained. The representatives of Great Britain bid off with a beautifully appointed luncheon at the Ritz-Carlton. Mlle. Chaptal, the incoming President of the I. C. N., entertained brilliantly in the name of the National Association of French Nurses, at dejeuner at the Cercle Universitaire. Miss Clayton presided at a dinner given by the American Nurses' Association to the Board of Directors

week. Hundreds took advantage of the opportunity to see such ancient foundations as Hôtel Dieu with its treasured relics of Jeanne Mance, founder of nursing in Canada, and many of the other institutions presided over by the Sisters as well as the ultra-modern nurses' residence of the Montreal General, with its splendid teaching equipment, the new Maternity Pavilion at the Royal Victoria, and many more.

The recently opened Osler Library in the McGill Medical School proved a Mecca for the historically minded, for Dr. Osler had an intensely human interest in nursing, and one



of the treasures of the library is an autographed letter from Miss Nightingale dated November 21, 1855, from Castle Hospital, Balaclava.

The day spent by the Grand Council in Ottawa as the guests of the nurses of that district was a memorable one. A special train was provided for the three-hour journey. Proceeding from the train to the Houses of Parliament (see frontispiece) the group was greeted by the music of the great carillon and received by the Premier of Canada in a heart-stirring speech of appreciation of the place of nurses in promoting international understanding. This was followed by a tour of the beautiful building which includes, in the Peace Tower, Canada's room of memory. The lovely soaring Gothic lines are in themselves an expression of aspiration, and the designs of windows and walls commemorate those who served in the Great War, and the provinces, from which they came. Nurses were not forgotten, although their great memorial is on a main corridor of the building, where all may see.

Following the Victorian Order of Nurses' luncheon, given at a charming country club, the guests were driven about the city and to the various embassies for tea. The day closed with a splendid banquet given by the nurses of the District and, at 9 p. m., the nurses entrained for Montreal.

Progress

THE evening programs left a never-to-be-forgotten impression. On Monday night, the gracefully decorated stage of the Forum, Montreal's huge convention hall, held the officers of the Council and the presidents of the member and affiliated associations.

The delightful music of "the Kilties" died down and Miss Gage, the President, rose in her place to open the meeting in clear tones which never failed to reach her audiences. Telegrams of greeting from nurses and nursing organizations in many lands were read, among them that of the absent founder Mrs. Bedford Fenwick of London, who will know the "consciousness of comradeship" such meetings so beneficently bestow. Said the acting

mayor in greeting, "Vocabularies are not rich enough to express our feeling," and he gave "ten thousand welcomes" to the great company of women who, "regardless of which uniform they wear, merit the esteem of all honest men."

Dr. Bazin, representative of the Canadian Medical Association, was greeted with vociferous applause for the profession he represents. Said he, "Do not let the demands of medicine stampede you," admitting that medicine has a selfish interest in nursing because medicine's success is often in nursing's hands, and proceeding to analyze most constructively some of the economic and educational problems that are so disturbing throughout this continent. Miss Henry, President of the Canadian Nurses' Association, spoke briefly of the happiness of the Canadian nurses in entertaining the Congress, giving all the credit, as she continued to do throughout its duration, to her "fine committee."

In her response, Miss Gage secured the laughter of the audience by reminding them that most people think of nurses as people who constantly do what they don't want to do when in reality we live, as Miss Nightingale said, the most joyful life of any which she knew.

On Tuesday evening, the huge bowl of the flag-hung auditorium was filled with a magnificent audience of over 7,000 nurses, nurses in the habits of religious orders, nurses in outdoor uniforms, and nurses in gay summer frocks. On the stage were the handsomely gowned officers and presidents of the affiliated societies. At attention at the foot of the steps to the stage stood two Girl Guides. Below the stage was one of Canada's great bands in colorful kilts, the Canadian Royal Highlanders.

Among the established customs of the I. C. N. is that of having the Founder sound a "watchword" for the coming years. In Mrs. Fenwick's absence this was read by Miss Henry, Associate Editor of the British Journal of Nursing. The watchwords have been successively Work, Courage, Life, Aspiration, and now it is *Service*, service to the world at large, service which links all together.

THE REPRESENTATIVES OF THE FIVE COUNTRIES RECEIVED INTO THE I. C. N.

Left to right: Jugo-Slavia—Nishia Bovelini; Greece—A. J. Mamalaca; Philippines—Genara S. Manongdo; Brazil—B. Edith Fraenkel; Sweden—Elisabeth Lind

Then followed the most dramatic scene of the Congress, the lovely pageantry with which new members are admitted to the Council. With a gift of flowers and graceful speech the Association of Brazil, represented by Miss Fraenkel, its President, was welcomed by a member country, China, in the person of Miss Wu. As a Girl Guide placed the flag of Brazil on the stage, the national anthem of Brazil was played.

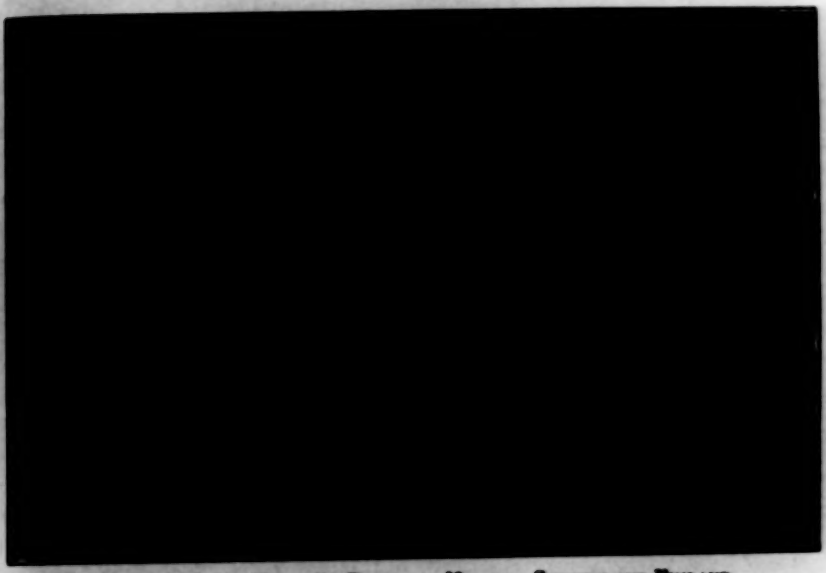
Greece, that ancient country in which nursing is yet young, was represented by its President, Miss Mamalaca, and was received by Miss Bicknell of New Zealand. Miss Bovelini for Jugo-Slavia was received by Mrs. Bennie of South Africa.

It was peculiarly fitting that Miss Manongdo of the Philippines should be received by Miss Clayton, President of the American Nurses' Association. Emotion reached its highest point when Sister Bergljot Lorentzen of Norway, with a moving speech ending with a quotation from the Swedish national anthem, presented the flowers and welcomed by kissing on both cheeks, her friend of many years, Sister Elisabeth Lind of Sweden. The five flags, in their standard, graced the center of the stage for the remainder of the week.

As Mrs. Rebecca Strong, President of the Scottish Nurses' Association and almost ninety years young, took the center of the stage, there on the stage linked arms as Auld Lang Syne was played. In clear and moving tones, Mrs. Strong greeted the great throng and, as is the privilege of age, admonished them to overcome narrowness. She spoke of the importance of cooperation, saying that no one can carry out any great thing alone, and of the need of education for nurses, because the mind needs food as does the body. She bracketed education with character, the two vital needs of nursing.

The Thursday night session, with Miss Hersey, of Canada, presiding, was devoted to two important addresses. That by Dr. Julius Tandler of Vienna (somewhat abridged) appears in this issue. Dr. Tandler also showed some extremely interesting slides of the work in Austria.

The Commissioner of the Canadian Red



"Nurses of the North"—Denmark, Norway, Sweden and Finland
Front row, left to right:—Sister Elizabeth Lind, Sweden; Sister Bergljot Larsson, Norway; Miss Petersen, Denmark; Miss Astrom, Finland and Sister Andrea Arntzen, Norway

Cross, J. L. Bigger, M.D., speaking inspirationally on "Civilization and Health," said that such civilization as man has attained is due to his curiosity and his aspiration. He went on to say that "without any stretch of our imaginations we can foresee a time when an organized society which prides itself on being civilized, will by reason of its humanitarianism frankly adopt universal health as its ideal." In Dr. Bigger's opinion no one else can influence daily habits and practices so profoundly as the public health nurse. "No one else can do so effective work in introducing the new ideal into the consciousness of her fellow citizens." With knowledge nurses may make themselves torch bearers of a new civilization, helping medicine to realize that ideal expressed by another, "by prevention to defeat disease and lengthen men's days, but still more in the ultimate issue, to commonplace the imprisoned splendor of the human spirit."

The Saturday evening session closed the memorable week. Miss Gage presided and the Hon. Dr. Manion, member of the House of Commons, spoke on the "Interdependence of the Nations." In a swift résumé of the scientific advances of the last century, Dr. Manion pointed out the great gains made by exchange of ideas, of inventions, of products both raw and manufactured. He spoke of the way the discoverers of new scientific truths in medicine had always shared their knowledge with the world and reminded his hearers that nursing is a branch of medicine. Passing swiftly to international understanding and to the fact that war today could wreck the world, he reminded his audience of the three thousand miles of boundary between the United States of America and Canada, a boundary on which there are no guns, a boundary composed in part of great waterways on which no war ships sail. He closed with the two-thousand-year-old quotation, "Thou shalt love them that fear Him and thy neighbor as thyself."

Miss Gage followed with a quotation from the Chinese, "All under heaven are one family."

There followed one of the loveliest episodes of the week. Three Girl Guides bearing great armfuls of flowers took their places on the platform. Sister Bergljot Larsson, her spiritual beauty shining through her benign and lovely face above the heads of the children, said: "When words no longer convey our meaning we turn to the beautiful flowers. These dark red roses, the warmest colors,

we give to the President of the Canadian Nurses' Association, Miss Hersey. In the International Council there is a nurse who is giving all her life to keep it together," and presented golden roses and forget-me-note to Miss Robinson, the indefatigable and generous Secretary of the Council. To Miss Gage, the outgoing President whose fondness for blue is well known, was given a great mass of pink roses and blue delphiniums.

Miss Maximos of Greece followed by presenting the International Council of Nurses, for its office in Geneva, two ancient Greek lamps, one in the pattern that we love to call the Nightingale lamp, and said that she hoped her country might shed a light like that of Florence Nightingale; for Greece, through the ages, has shed the light of Aesculapius and of Hygeia, his daughter.

Mlle. Odier of Switzerland spoke briefly for the International Red Cross, and a German sister spoke of the wonderful hospitality of Canada. Miss Harvey announced the American Nurses' Association's gift to the Bordeaux School, a true expression of international love.

Miss Lloyd Still, of famous St. Thomas' in London, speaking for the Resolutions Committee, reported progress, "for members of the International Council of Nurses will be expressing gratitude to Canada for years to come."

Miss Gage, in relinquishing the office she had filled with such distinction, said that she could offer her successor nothing better than the love and cooperation of the 140,000 members of the Council which she had so enjoyed. She expressed the hope that the new land, France, which will have the privilege of guiding for four years, may be as stimulated by the honor as was China, where even the probationers, on receipt of the news that China's invitation had been accepted, began working "to have a good school when the I. C. N. comes."

Mlle. Chaptal, a slender little figure bearing a dynamic personality, accepted her new honors in a brief and graceful speech, saying, in part, that nursing is made of two parts, one of devotion and service and the other of science well applied. She hoped that in 1923 we might have a great audience united in love for humanity.

Then came the solemn moment when, one by one, a representative of each of the continents bade farewell to Canada which, as Miss Guevara of Cuba, speaking for the Americas, said, had stretched out her hands like a mother. Mrs. Bennie of South Africa, Miss Sister of India, Miss Astrom of Finland, and Miss McKenny of New Zealand, spoke simply and directly out of hearts quite literally "too full for utterance," and so the great Congress closed on a note of exultation and good will.

The General Sessions

Two general sessions were devoted to the reports from the member and associated countries. These have been statistically summarized in our editorial. Printed copies were available for those in attendance, and a synopsis will appear in the September *Journal*. The program, in its entirety, showed clearly the belief of the committee which put it together, that education for nursing is fundamental to all else.

A third general session was devoted to the valuable paper by Miss Goodrich on "University Schools of Nursing," and that by Sister Bertha Wellin of Sweden on "The Nurse as Citizen," which was read by Sister Elisabeth Lind.

Miss Goodrich divided nursing, in retrospect, into three periods, the emotional, the technical and the creative; "each successive period culminating the intrinsic values of the preceding to produce a finer and fuller expression of this preëminently woman's part in the stupendous drama called life."

For the University school Miss Goodrich demands the following:

1. An established and recognized status. That is to say, a school admitted to all the rights and privileges accorded the other schools and colleges of any given university.
2. The resources accepted as essential for the creation, maintenance, and future development of an educational activity of professional grade and in addition the resources demanded by the specific nature of any given professional activity.
3. A qualified student body.

Standing "aghast at the limitations of our knowledge" Miss Goodrich, none the less, closed on a ringing note of exhilaration, for "Today in truly beautiful surroundings may be found many who in another time might, probably would, have lain unnoticed and unattended in loathsome cells. Here we see frenzy reduced to serenity, hope restored to the despairing, inconsequence effectively motivated, and this is but the beginning of things that are to be."

Sister Bertha Wellin, a member of the Swedish Parliament, knows whereof she speaks when discussing "Citizenship." Believing that nursing organizations should keep themselves wholly free of political entangle-

ments, she believes that the individual nurse should live up to all the obligations of citizenship including the casting of ballots on the basis of an informed understanding.

The sixth general session was devoted to "The Need for Publicity in Nursing," written by Gertrude Cowlin of the College of Nursing, England, and read by her associate, Miss Heaton, and a "Symposium on Rural Nursing." The latter was so largely devoted to public health work that we leave it, for discussion, to the *Public Health Nurse!*

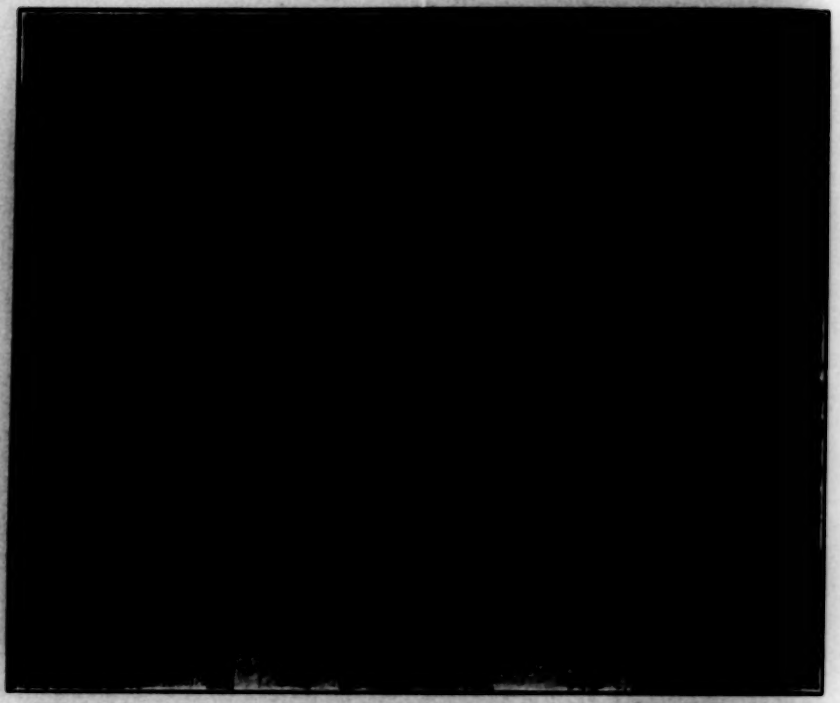
Had Miss Cowlin's paper been presented at a round-table where free discussion might have been possible, it would have better served the purpose, as it was prepared with that end in view. Miss Cowlin takes the view that publicity within the profession is highly desirable, but raises questions as to methods of organizing for and assuring accuracy of statement without the profession.

Sections

THE Educational Section heard papers by Dr. R. Stanley Ryerson, Secretary of the Faculty of Medicine of the University of Toronto, and Professor W. W. Charters of Ohio State University. Dr. Ryerson spoke on the "Preparation of a Curriculum," and provoked a lively discussion by his belief that nurses need only a "shadow of science," such as an hour or two of teaching in chemistry. His paper served to crystallize thinking in a direction not at all in accord with his views, except those on character formation which were received with approbation.

Dr. Charters' paper on "Trends and Developments in Vocational Education" emphasized the influence of job analysis in altering many programs of education in the United States, closing with a statement that the work of the Grading Committee gave cause for a belief that nursing education might yet be based on data obtained from a study of the actual work of nurses. The United States is not alone in this effort, for Norway and Canada also have studies of educational programs in nursing under way.

Mlle. Chaptal's paper on "The Community Need in Relation to the Education of the Nurse" was based on the experience of a country which was unprepared for the tremendous demands of the war and its aftermath. She advocated "a provisional basis training of one year" for young women who might later be encouraged to complete their training. Sister



PANORAMA OF NURSES' GARDEN PARTY

Bergljot Larsson of Norway energetically opposed such a plan and, with others, defended the view that a training cannot possibly be *basic* which is given in so short a time. A second session of this section was devoted to papers on "Legislation as Related to Nursing" by Miss Musson of England, and "State Supervision in Schools of Nursing" by Miss Eldredge.

Miss Musson showed that 118 states and countries have some form of legislation or control of nursing education. She concluded her study as follows: "The standardising of nurse training throughout the world is not, in my opinion, possible at the present time; nor will the establishment of even a minimum standard be possible for many years to come. But nothing but good can come from the sympathetic study of the conditions in all countries and having open and candid discussion at such meetings as these." The discussions of the weak and the really remarkable work of the Committee on Education seem to refute this view, as there were many evidences of sound effort toward certain fundamental standards of preliminary preparation and of basic professional education in many parts of the world.

Miss Eldredge, speaking on "State Supervision," urged that the first inspections be made in the spirit of sympathetic surveys, and that no evaluation should be made till all the facts, both good and bad, were known. State supervision, in her opinion, should result in a general raising of standards and ultimately should mean state aid for schools of nursing.

Public Health Sections and Round-Tables

THE very considerable and important portions of the program devoted to public health nursing will be reported in the *Public Health Nurse*. Dr. Rentta's paper on "Developments in the Public Health Field" will appear in an early issue. Discussions brought out in no unmistakable fashion the important influence the public health movement is having on nursing in these countries where modern nursing is yet young; it apparently

ON McGILL UNIVERSITY CAMPUS, JULY 13TH

provides the motivation for practically the the whole educational program. The Red Cross Nursing program, as served by Mrs. Maynard Carter of the League of Red Cross Societies and by Mlle. Odier of Geneva, was included under Public Health Nursing. It undoubtedly belongs there, but the Red Cross in many countries, including our own, has been also influential in maintaining and raising educational requirements for nursing. This, however, is not yet universally true.

The Private Duty Section

"PRIVATE DUTY" was the subject of discussion at two section meetings. Both programs attracted huge audiences. The Program Committee had the usual difficulty in finding private duty nurses who would be available to present the topics. Three of the papers for this section appear in this issue. Janet M. Geister, speaking of conditions in this country, and admitting that there are many grave problems (which are familiar to *Journal* readers), said that we are "just entering upon a period of great hopefulness," but that "we cannot advance ahead of public opinion in any widespread, fundamental change, but in the stimulation and formulation of public opinion, we believe we are making progress." Miss Geister spoke in some detail of the development of general staff duty in hospitals in this country and of the tendency of our registries to become true Bureaus of Nursing Service.

"The Financial Aspects of Medical and Nursing Services," as presented by Elizabeth Gordon Fox with clear perception and vigorous thinking, was received with the somewhat acrid comment, "Why is a public health nurse talking about private duty?" As a matter of fact, as Miss Fox clearly showed, the problems of private duty cannot be solved except as a part of the professional whole. The paper will appear in a later issue of the *Journal*.

Round-Tables

TWENTY-ONE round-tables were held. The plan of organization of round-tables was a chairman and three secretaries, English-speaking, French and German. They

naturally varied widely in scope and effectiveness. Unfortunately, not all reached conclusions or, as the English put it, resolutions, for presentation and discussion by the body itself. Some had extremely good programs but allowed no time for discussion. Good discussion requires skilled leadership but is so extremely valuable that it should be encouraged, for it is only so that real interchange of opinion can be brought about. An example of an excellent program was that on "Economic Aspects of Nursing Education and Nursing Service," led by Miss Hawkinson of Cleveland.

Miss Dickson of the Toronto Free Hospital summarized the need for cost studies as follows:

1. To enable the profession to make an authentic statement as to costs;
2. For the satisfaction of the superintendent of nurses, the hospital and the community, to determine whether or not the most economical methods are being employed;
3. For more accurate budgeting;
4. For comparative nursing costs as between one hospital and another;
5. To determine profit and loss in training student nurses;
6. To determine more specifically what constitutes nursing service;
7. To aid indirectly in the standardization of nursing education;
8. To enable the principal of the school to offer a more business like contract to student nurses;
9. To determine what method is the most economical for securing from the student a truly general training;
10. To determine how much the nurse in training receives from the hospital in excess of what she gives in service, if any.

Dr. Burgess, following, said that since in the United States "the majority of schools are owned by the hospitals," the problem is "how can the hospital boards of trustees be made to regard themselves as boards of education also?" Furthermore, "since boards best understand the language of finance, it is necessary for nurses to know costs." She stated that "the gross cost of nursing education is the difference between the cost of nursing service with students and an equal amount of care for patients without students." "Effective idealism," said Dr. Burgess, "is incompatible with slipshod business methods. The nurse should be as skilfully practical in financial technic as in bedside technic, as competently honest in one as in the other." Perhaps the biggest contribution which any nurse can make today to her profession is to help put the hospital schools on a sound financial basis.

Margaret Tracy of the Yale School described some time studies she had made, and explained how they were needed as a basis for cost studies.

Miss Goodrich spoke on budgets.

Mrs. Bennie of South Africa was chairman of a typically fine round-table. Both those presenting papers and those discussing the topic "Cooperation between Sister Tutors and Ward Sisters" (we would say "cooperation between instructors and head nurses) were rigidly limited to the time allotted, so that no one was crowded out by a wordy speaker. The discussion was vivid and valuable, ranging from dependence on cooperation based on mutual understanding, to carefully planned conferences and included some points on record-keeping. Participants were Miss Gullen of St. Thomas', London, Miss Edwards of Bellevue, Miss Dunford of Chicago, Miss Cox-Davies and Miss Lloyd-Still of England, Mlle. Hellemans of Belgium, Miss McKenny of New Zealand and Sister Gabriel of our own Northwest. Miss Cox-Davies summed it up most charmingly by a graceful analogy to England's great game, cricket, saying we must remember that the student is like the ball, and success comes only through teamwork.

The round table on "Recreation for Student Nurses" was another fine example of group discussion. It was participated in by representatives from England, France, Canada, the Philippines and "the States." Most of the ideas advanced are familiar to *Journal* readers, as they included the work of social directors, the Big Sister movement, provision of equipment for games, etc. American ideals are not always adapted to other countries as, for example, the Philippines, where student nurses may not go out unchaperoned, except to church.

At the Government Services round-table, Elinor Gregg of the U. S. Indian Service presiding, Miss Reynolds of Canada said their Army Corps increased from 37 to 2,226 during the war. At the end, nurses were transferred to other government services if physically fit and if they desired. The matron in chief has now only 146 nurses, widely scattered. Mlle. d'Hennezelle told of the use of short-term Red Cross nurses in France for army service. A few fully trained nurses are used, but there

are not enough. Army nurses and Red Cross nurses work in different hospitals. Only Red Cross nurses are sent to Morocco and Syria. Nurses are under the direction of doctors with no nursing supervision, and salaries are low. Miss Gregg stated that the U. S. Veterans' Bureau Service is probably the largest government nursing service in the world, having 10,000 patients and 2,000 nurses. Beatrice Bowman described the duties of Navy nurses. Miss Lind of Sweden told of improved conditions in nursing since the government has taken over all the schools. Miss Bicknell of New Zealand described the public health work carried on by the government. It was especially interesting to hear of work for the native race, the Maoris, a fine people who live side by side with the white man. Doctors and nurses of that race care for their own people, the handicap being lack of physical strength. Miss Pares, speaking in Spanish, told of the taking over by the government of all schools in Cuba, in 1923; there are 636 nurses in Cuba at present. Major Julia Stimson told of the Army Nurse Corps and of its unique feature, the Army School of Nursing.

The chairman of the round-table on "In What Cases Can The Visiting Nurse Be Substituted for Private Duty Nursing" was Miss L. Van Hoegendorp of Holland. The real theme was the *care of the patient* and both private duty and public health nurses participated. The group felt that it is the obligation of the profession to find out the type of nursing service the public wants and to be prepared through cooperation to give that service. The group was agreed that with more coöperation between nurses who are engaged in different types of nursing service it should be possible for all families to get all of the nursing care needed without interfering too much with the family income or with the housing situation.

The "Ethics of Nursing" provided the nucleus for an interesting discussion under the leadership of Mlle. Hellemans of Belgium. Miss Clayton presented a very careful plan of procedure for the development of a code of ethics.

The teaching of ethics provided the topic for the second half of the period with Miss Gullan of St. Thomas', London, leading. Discussion of actual problems relating to the division of responsibility between medicine and nursing lead to the conclusion that, if nursing is to be a profession, it must expect to carry responsibility for its own acts and must prepare students to accept such responsibility. The matter of formulating a code of ethics for the I. C. N. was referred to the Board of Directors.

At the round-table on "Health of Student Nurses," with Sister Andrea Arntzen, of Norway, as chairman, the subject was considered under two headings.

1. Under "How to Secure Healthy Candidates" the speakers from China, South Africa, Finland and Belgium stressed the importance of rigid physical examination of the student when she arrives and at frequent intervals; also the necessity of taking the family history. It was felt that families giving a history of tuberculosis or mental disease should not be accepted.

2. "How to Preserve the Health of the Student Nurse" was discussed by speakers from England, United States, France and India. This may be summed up as follows: Students should have "health education." Plenty of exercise, swimming, dancing and games, hygienic living quarters and supervised holidays, all will tend to keep well students well.

The following resolution was adopted:

"It is to be recommended that only candidates of good health and strength be accepted for training as nurses. Single rooms affording privacy and quietness and good, ample and varied food ought to be provided. A definite health program with sufficient outdoor exercise must be arranged for student nurses."

The Business of the Congress

THE business of the Congress was transacted by the committees, the Board of Directors and by the voting body, the Grand Council. Only those close to the members of these groups realize what a tremendous amount of time and effort is expended by these nurses.

Important committees like the Education Committee, of which Isabel Stewart is chairman, and the Public Health Nursing Committee, of which Miss Gardner is chairman, worked hour after hour on the matters before them. We hope to present the reports next month.

The Board of Directors began its work on July 2, and the Grand Council on July 5. It will be remembered (see *Journal*, January, 1929) that the Board of Directors is composed of the five officers and the presidents of the member countries, whereas the Grand Council has, in addition, four delegates from each country.

The business of an international organization is necessarily complex. Too much credit cannot be given to Miss Reimann for her extraordinarily faithful service and the tremendous volume of work she has accomplished with

a sadly inadequate budget and, therefore, with too little assistance. One of the major decisions was to increase the dues from five to eight cents per capita.

The Magazine

THE *I.C.N.*, published quarterly, is a magazine of which any editor might be proud. Miss Reimann has edited it, with all the complexities of securing translations, along with her secretarial work. It was decided to rename the magazine, "The International Nursing Review," a name which will translate acceptably into other languages. It is henceforth to be published every two months, and the price will be two American dollars. Subscribers are asked to send two dollar bills rather than checks. (See address in official directory.)

Applications for Membership

THE consideration of applications for membership is necessarily very time-consuming. Nine national organizations of nurses applied and five, as previously stated, were admitted: Jugo-Slavia, Greece, the Philippines, Brazil and Sweden. The Association of Italy was dropped. The Association of Finland announced that the two associations of that country had combined in such a way that all the nurses of Finland are now represented.

Invitations for the Next Congress

INVITATIONS for the Congress of 1933 were received from France, Cuba and South Africa. With the election of Mlle. Chaptal (see June *Journal*, p. 674) as President, it was decided to accept the invitation of the French nurses to meet in Paris. This was supported by the Belgian nurses, and the Congress of 1933 will be held, in part, in Paris and, in part, in Brussels, which is just three hours from Paris.

Informing the Public

PROBABLY no meeting of nurses has ever had such complete and understanding cooperation from the Press as was given by both French and English papers in Montreal. Virginia McCormick, Publicity Secretary of the American Nurses' Association, was "loaned" to the Canadian nurses to establish the necessary relationships. That she was eminently successful was proven by each edition of the daily papers. The Associated Press took 1,000 words of prepared copy on the first day and 500 words daily thereafter, and some "feature stories" appeared in our own metropolitan papers.

Exhibits

IT was unfortunate that the educational exhibits had to be so placed that the public could not see them. We chose the picture of the Private Duty Section (Canada) booth for our illustration, because private duty nurses so rarely participate in such activities. The schools, professional nursing organizations, and public health organizations of Canada all had equally interesting exhibits. The frieze of the Educational Section attracted instant attention for its well-executed panels portrayed:

1. The Insigne of the Section
2. Arrival of the Ursulines
3. The Grey Nuns Go West
4. Trois Rivières
5. Toronto General Hospital, 1819
6. Fairvy Camp
7. Montreal General Hospital, 1839
8. Red Cross Outpost Hospital
9. A Labrador Nurse
10. The Victorial Order in Yukon
11. Canadian Army Nurses, 1914–18
12. Insigne

News

Note.—News items should be typed, if possible, double space, or written plainly, especially proper names. All items should be sent before the 15th of the month preceding publication

The American Nurses' Association

The interest of American nurses, like that of their sisters all over the world, centered in July in the Congress of the International Council of Nurses, held July 8 to 13 in Montreal. The American Nurses' Association always has felt itself a vital part of international nursing. It was one of the first three constituent members of the International Council, and one of the early congresses, that of 1904, was held in Buffalo. Moreover, this year the proximity of the congress city to the United States made it possible for a large number of American nurses to be present at the sessions. More than 3,000 nurses from the United States were registered, and A. N. A. leaders took their place beside the representatives of other countries as speakers and chairmen of meetings.

Clara D. Noyes, Director of Nursing Service, American Red Cross, was reelected first vice president of the Council, and it was she who presided at the meeting of Tuesday morning, July 9, when the roll call of affiliated organizations was taken. This was done in the order of their affiliation, thus placing the American Nurses' Association second, with the National Council of the Nurses of Great Britain leading.

A brilliant paper on "The Future of Nursing" was prepared by M. Adelaide Nutting, Emeritus Professor of Nursing, Teachers College, Columbia University, and was read at the Tuesday evening session. The following day an address on "University Schools" was given by Annie W. Goodrich, Dean, School of Nursing, Yale University. Another American nurse to appear on the program of the general sessions was Mary K. Nelson, Franklin County Memorial Hospital, Farmington, Maine, who spoke of the situation in the United States at the program which considered "Rural Nursing."

Round-table discussions drew a large number of nurses from the United States who seemed anxious to enter the informal discussions of these smaller groups and to acquire specific information on the subjects in which lay their especial interest, while among those who led the round-table meetings were Nellie X. Hawkinson, Dean, School of Nursing, Western Reserve University; Alma C. Haupt, Associate Director, Rural Hospital Division, Commonwealth Fund; Katharine Tucker, General Director, National Organization for Public Health Nursing; and Elinor D. Gregg, Supervisor of Nurses, United States Indian Service, Chairman, Government Section, American Nurses' Association.

The A. N. A. president, Miss Clayton, was chairman of the Nursing Education Section of the I. C. N., which held two meetings in Montreal, and presented also a paper on "Ethics" at the round-table at which that subject was discussed. On the first program of Miss Clayton's section, a speaker was W. W. Charters, Ph.D., Professor of Education, University of Chicago.

Janet M. Geister, Director at Headquarters, American Nurses' Association, spoke for the United States at that session of the Private Duty Section at which was discussed the "Status and Problems of the Private Duty Nurse"; and Adda Eldredge, Director of Nursing Education, Secretary of State Board of Nurse Examiners, Wisconsin, spoke at the second meeting of the Nursing Education Section on "Legislation as Related to Nursing."

A speaker at a session of the Public Health Section was Winifred Rand, Merrill Palmer School, Detroit; and at the second meeting of the Private Duty Section, Elizabeth K. Fox, National Director, Public Health Nursing Service, American Red Cross, spoke of the

"Financial Aspects of Medical and Nursing Services."

Nor were the activities of the American Nurses' Association confined to its participation on the program. One of the really charming social affairs at the congress was the A. N. A. dinner given for the presidents of the affiliated associations. Miss Clayton presided, graciously as is her way, and after toasts had been drunk to the various countries, representatives of the nursing magazines in a dozen or more countries spoke of their work.

The Bordeaux School Gift

The right wing of the American Nurses' Memorial Building which houses the Florence Nightingale School of Nursing at Bordeaux, France, will be built. Quietly, with a generous response that spelled self-sacrifice, the nurses of the United States have raised during the past winter, a total of approximately $30,000—$5,000 more than the goal which had been set.

There was no difficulty in raising the funds. In fact, it was no campaign, really. It was only an invitation to help and, when the nurses of America realized the enlarged needs of the school, the response was immediate. Almost as soon as the campaign was organized, Mississippi sent in the total of its quota, and from that time until the presentation of the gift, at Montreal, in July, nurses from all over the country were making their gifts with a simplicity and spontaneity which showed clearly their wish to complete the building which they had erected in memory of the 294 of their number who gave their lives in the World War.

There are many stories of how quotas were raised, of card parties and chicken suppers, of dances and picnics. In a Pennsylvania town, the whole community joined in a fête for the school. In Alabama, the nurses of one locality divided into three groups, one to tell the story of the needs of the school to the nurses, one to approach the doctors, and one to interest the public.

A group of ten, in Maine, earned $40, and the nurses of Hawaii gave six times their quota. Utah with its scattered groups found itself drawn close in the cause of the Bordeaux School and Porto Rico, in spite of its great losses from wind and flood, sent in the entire amount of its quota. In many places the American Legion not only gave, but helped with the raising of funds, as a token of its remembrance of the nurses in France.

As the gifts for the Bordeaux School still are being received at Headquarters, it is impossible at this time to be able to give a complete report of the work. This will have to wait until all the gifts finally are received.

It was characteristic of the spirit with which the American nurses gave that the gift should be presented to the representatives of the Bordeaux School as quietly and with as little ostentation as that which had marked the campaign. On a July noon, in Montreal, while the nurses from many countries hurried to luncheons given in their honor, a little group of fourteen met in a small room of the Mt. Royal Hotel. At the head of the table was Miss Clayton, at her right and left Mlle. Harvey and Mlle. Rocaignol, graduates of the Florence Nightingale School of Bordeaux.

At the table's foot sat Miss Noyes, Chairman of the American Nurses' Memorial Committee, and on either side were the committee members and Headquarters' representatives.

Everyone spoke little, restrainedly, because they meant so deeply what they said. Emotion ran high as the American nurses thought of those whom they were commemorating and of those nurses from all over the United States whom they represented in presenting the gift. The French nurses, also, were too moved to say much, but they sent their message to the nurses of the United States. They wished the American nurses told that the Bordeaux School nurses tried never to forget that they were the living memorials of the American nurses who had given their lives, and that their work was a dedication to the principles for which these others had stood.

Nurses Relief Fund

REPORT FOR MONTH ENDING JUNE 20, 1920

Receipts

Interest received on investments	$1,721.51
Interest received on bank balances	32.14
Benefit check returned	15.00

Contributions

Delaware: Delaware Hospital Alumnæ Association, $7; St. Francis Hospital Alumnæ Association, $15	22.00
District of Columbia: Providence Hospital Alumnæ Assn., $120; individual contribution, $10	130.00
Florida: Individual contribution, $2.50; Riverside Hospital Alumnæ Assn., $10.50	13.00
Georgia: District 8, Georgia Baptist Association	8.50
Illinois: District 1, Scottish Covenant Hospital Alumnæ Assn., $20; Chicago Policlinic Hospital Alumnæ Assn., $25; South Shore Hospital Alumnæ Assn., $10; Norwegian American Hospital Alumnæ Assn., $20; Augustana Hospi-	

tal Alumnae Assn., $50; University Hospital School of Nursing, $50; Women's and Children's Hospital Alumnae Assn., $50; Post-Graduate Hospital Alumnae Assn., $50; individual nurse, St. Mary of Nazareth Hospital, $10; individual contributions, $20; District 6, Rodney Hospital Alumnae Assn., $50; Mercantile Hospital Alumnae Assn., $5; Sixth District Assn., $5; District 8, Meeting Hospital Alumnae Assn., $50; individual nurse of Quincy, $20; Eighth District Assn., $50 ..... 308.00

Iowa: District 2, $100; District 3, $7; District 7, $250 ..... 357.00

Maine: Individual contribution 3.00

Massachusetts: Middlesex Co. Branch, $25; Bristol Co. Branch, $12.50; State Nurses' Assn., $55 ..... 92.50

Minnesota: District 2, St. Mary's Alumnae Assn., Duluth, $10.50; St. Luke's Alumnae Assn., Duluth, $12; District 3, individual member, $1; Abbott Hospital Alumnae Assn., $2; Asbury Hospital Alumnae Assn., $5; Deaconess Hospital Alumnae Assn., $5; Fairview Hospital Alumnae Assn., $5; General Hospital Alumnae Assn., $1; Northwestern Hospital Alumnae Assn., $14; University Hospital Alumnae Assn., $1; District 6, $10 ..... 66.50

Missouri: District 2, St. Louis 25.00

New Hampshire: Graduate Nurses' Assn., $20; Women's Memorial Hospital, Concord, $5; Sacred Heart Hospital, Manchester, $35 ..... 60.00

New Mexico: District 1 ..... 61.00

New Jersey: District 1, Orange Memorial Hospital, $25; Somerset Hospital, $5; individual member, $20; Friend, $2; District 2, $25; District 5, $142.50 ..... 219.50

New York: District 1, Millard Fillmore Hospital Alumnae Assn., $25; Memorial Hospital Alumnae Assn., Niagara Falls, $25; individual contributions, $8.50; District 2, School nursing staff of Health Bureau of Rochester, $250; District 4, Cortland Nurses' Alumnae Assn., $25; District 5, $242; District 14, Kings Co. Hospital Alumnae, $25; Wyckoff Heights Alumnae Assn., $25; Long Island College Hospital Training School A. A., $100; individual contribution, $2 ..... 772.25

Oregon: District 1, Portland, $50; District 5, Eugene, $12 ..... 62.00

Texas: District 10 ..... 3.00

Washington: District 1, Bellingham, $15; District 4, Spokane, $92 ..... 107.00

$4,118.00

Disbursements

Paid to 169 applicants $3,742.00
Salaries 170.00

$3,912.00

Excess of income over expenditures for month ending June 30, 1929 ... $1,206.07

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent either to the person who collects your dues or to the local Relief Fund chairman. The method for collection of contributions varies in each state. Your district president or treasurer can tell you to whom your checks should be sent. For application blanks for beneficiaries apply to your own alumnae or district association, or to your state chairman. For leaflets and other information address the state chairman or the Director of the American Nurses' Association headquarters, 370 Seventh Avenue, New York, N. Y.

Isabel Hampton Robb Memorial Fund

REPORT TO JULY 5, 1929

Previously acknowledged $34,327 62

Contributions

Massachusetts: State Association 55 00
Pennsylvania: District 3, Mercy Hospital, Scranton, $5; General Hospital, Wilkes-Barre, $5; Geisinger Memorial Hospital, Danville, $5; Wyoming Valley Hospital, Wilkes-Barre, $5; Hahnemann Hospital, Scranton, $5; Nesbitt Hospital, West Side, Kingston, $5 ..... 30 00

Total $34,412 62

MARY M. RIDDLE, *Treasurer.*

McIsaac Loan Fund

REPORT TO JULY 5, 1929

Balance, June 13 ..... $992 35
Bank interest 1 15

Contributions

Massachusetts: State Association 55 00
Pennsylvania: District 3, Mercy Hospital, Scranton, $5; General Hospital, Wilkes-Barre, $5; Geisinger Memorial Hospital, Danville, $5; Wyoming Valley Hospital, Wilkes-Barre, $5; Hahnemann Hospital, Scranton, $5; Nesbitt West Side Hospital, Kingston, $5 ..... 30 00

Total $1,079 50

Disbursements

Four loans of $200 each, one loan of $100 ..... 900 00

Balance $179 50

MARY M. RIDDLE, *Treasurer.*

The N. L. N. E.

THIRTY-FIFTH ANNUAL CONVENTION
Atlantic City, June 17-21

As was to be expected, in the year of an I. C. N. Congress, the meeting was relatively small. Even so, 220 members registered, and there were 12 American guests and 9 foreign guests. Only 89 votes were cast, and all officers were reelected. The newly

appointed directors are Isabel M. Stewart, Laura R. Logan, Julia C. Stimson and Sally Johnson. The two evening meetings, the joint session with the American Hospital Association and that devoted to the program of the Nursing Section of the American Hospital Association, attracted very large audiences.

The American Hospital Association, which had the Auditorium for the week, gave the ballroom, the very best of the various halls of the huge building, to the League for its sessions.

Meeting conjointly with the American Hospital Association was a valuable experience. If it should be undertaken again, it is probable that a closer integration of programs might be undertaken since, with the exception of the one joint session and the banquet at which the two came together, each organization carried on one of its own typical programs. The opportunity for informal contacts was fully utilized, however, and there is no more valuable method of arriving at mutual understanding.

The joint session was devoted to the general subject of "Nursing Education," and the topic was discussed from various standpoints. Richard P. Borden, veteran and valued member of the American Hospital Association, speaking from the trustee's point of view, said that hospital trustees spend only for practical values. He sees the school of nursing wholly from the standpoint of the hospital and, from that standpoint, apparently believes in training for the returns which the hospital will receive in efficient nursing service.

Mr. Borden's argument was presented in a concise and temperate fashion. It was a disappointment to find that his view did not include a conception of providing the student, since she is a student and not merely a hospital worker, with a basic preparation for any field of nursing which she might later enter. His argument seemed to be based on a conviction that present tendencies are toward training for the higher positions rather than for those who must be "the hewers of wood and drawers of water." He asked: "Who is to determine what the standard shall be?" and answered his own question by saying that physicians and hospitals are the judges. He totally omitted the enormous and growing field of public health and he apparently overlooked the patient, for whom doctors and hospitals, as well as nurses, exist. No one could doubt the sincerity of his presentation but, probably unintentionally, Mr. Borden has strengthened the convictions of those who believe that schools of nursing must have a degree of autonomy if they are to develop nurses really capable of doing the nursing work of the world rather than that of the hospitals alone.

Dr. B. W. Black, Director of Highland Hospital, Oakland, Calif., sent a paper on the "Viewpoint of the Hospital Superintendent" which would have warmed the heart of any nurse administrator and fully justified President Burlingham's careful selection of a speaker on that topic.

Carrie M. Hall, in a clear-cut and courageous paper, which we shall publish later, presented the view of the Principal of a School of Nursing. Said Miss Hall: "I believe that nursing education has progressed so far as it can under hospital control." She advocated classes carefully limited in size and, further, that the teaching should be directed from the point of view of education and not of service. Miss Hall cited the growing use of special nurses as an example of the resentment of the public toward student service, *as a basic service*, in hospitals. She predicted two changes: (1) the replacement of many students with graduates and (2) the endowment of schools.

The address by Col. Leonard P. Ayres, Vice President of the Cleveland Trust Company, appears in this issue. The recommendation that nurse superintendents, when properly qualified, should become superintendents of hospitals in order to safeguard the education of nurses, roused much friendly raillery and also some profound thinking that will continue for years to come.

The regular meetings of the League were attended, as always, by intent audiences which stayed through the sessions. Discussions were not very productive, owing partly to the poor acoustics of the auditorium and partly to the over-full programs. It is probable that the time has arrived when the League might profitably institute round-tables of an intensely practical nature, dealing with points of procedure in schools of nursing to supplement a lesser number of formal papers. In her address at the opening session, Mary E. Gladwin brought out the point that nursing education is probably at the end of its preliminary period and that the time has come to consider the place of nursing education in relation to general education, and quoted Glenn Frank as saying: "Only through open and conflicting clash of opinion can truth be found." On the subject of Grading, she succinctly stated the case by saying that it is not so much the grading of schools that is important, as it is that grading in the schools, bringing about changes regarding endowments

and other changes, which is important. In our search for endowments, said Miss Gladwin, we need "trumpets sounding with melody and courage." We plan to publish, at a later date, the address on "Principles and Practice of Waste Elimination" by Mrs. Lillian Gilbreath.

The meeting devoted to the Advisory Council, at which the State Leagues made their reports, indicated many important activities, such as the sponsoring of institutes and summer courses in a number of states. An interest in the teaching of social hygiene was noted for the first time. Some of the Leagues have been working to raise educational requirements for admission to schools of nursing. Of these, North Carolina has been notably successful; and, by 1930, only high school graduates will be found in the schools of that state.

The relationship between a League and the Board of Nurse Examiners was interestingly brought out by the District of Columbia report, for there the League is helping to formulate rules for the Board of Examiners.

Instructors' Section

Officers elected for the coming year are: Chairman, Ruth Sleeper of the Western Reserve School of Nursing, and Secretary, Marguerite Ernisben of the Children's Hospital, Philadelphia.

Marion J. Faber presided, the subject being "Correlation of Theory and Practice."

The paper on "Case Study" by Mrs. Deborah MacLurg Jensen appeared in the July *Journal*, and that by Katherine J. Densford on "Correlation in Relation to Ward Administration" will appear in a later issue. Miss Densford summarized by saying: "If we can keep alive in our groups the desire to do, to learn and to improve in their work, to be happy in their learning, doing and improving, and to have a vision without which any people perish, we shall then have done a worth while task, remembering that the doing is one thing, but the doing with one's might and main is a better thing."

Elizabeth Melby of the Yale School gave an extremely interesting presentation of correlation, illustrating her points with an admirable series of charts. At Yale the "block system" is used, and students have three ward hours to one class hour. The Standard Curriculum is used as a basis, and all courses are forty-five-hour courses excepting the major courses, "Nursing Procedure" and "Health," each of which is 105 hours. Miss Melby's careful and precise discussion of the minute and detailed use of time in both theory and practice will appear in the *Proceedings*.

Education Committee Session

Isabel M. Stewart presided at the meeting sponsored by the Education Committee, of which she is chairman. The Committee has been making extensive studies of Personnel and Staff Education. Maud Kelly and Margery Trieber described a joint academic and practical program in the preparation of head nurses which is carried out through the cooperation of some half-dozen hospitals with Teachers College. In selecting fields for the training of head nurses, activity of the service proves more important than its size. In planning for this training for head nurses, it is essential that the applicants shall be carefully selected; that there shall be interest and good feeling on the part of both groups and, it goes without saying, a cooperative personnel. This type of teaching brings out clearly the importance of an experimental attitude toward new methods.

All of the general sessions were interesting. The President, Elizabeth C. Burgess, presided at all of them. (Her presidential address appeared in the July *Journal*.) A particularly vivid session was that at which Dr. Esther Loring Richards, always a great favorite with nurses, spoke on "Mental Hygiene Applied to Personal Relationships." Drawing upon her experience with the students of the Johns Hopkins Hospital School of Nursing, Dr. Richards described incident after incident in which the importance of mental hygiene, or mental guidance, was clearly brought out.

Dr. Biel Schultz of the Education Department of the New York Stock Exchange brought a new and picturesque application of the well-known principles to the subject of the "Development of Leaders." For example, he finds that only one applicant out of forty is suitable for the mental and physical activity of the pages on the floor of the Exchange. They are prepared for the work by carefully-planned vocational classes, given by the Exchange from 9 to 10 each morning. The boys, all of whom must have completed high school, are advanced for proven ability, fall into three main groups: (1) those who cannot do when told; (2) those who can do when told; (3) those who can do without being told, a classification familiar to those who teach nurses.

A session on "Interprofessional Relationships" proved extremely stimulating. The paper by Mrs. Chase Going Woodhouse of the North Carolina College of Women will be

published later. Dr. George O'Hanlon illustrated his beliefs by the use of an organization chart in which he rightly placed the patient at the center of all hospital activities. Ella J. Taylor's able contribution to the subject appears in this issue. Bertha M. Wood exploded a bomb by suggesting courses for dietitians which would contain a considerable amount of nursing. Lena K. Watson, gracious and well-known social worker, elaborated on the principles underlying the relations of her own group to other hospital groups and to the community as a whole.

Two conferences, one on Health of Students, and one for Representatives of State Boards, attracted interested groups. At the first, Florence K. Wilson presented an exhaustive report based on a questionnaire study carried on throughout the year in cooperation with a number of schools. Administrative objectives for a health program were set up as follows: Prevention of Disease; Treatment of Disease; Provision for Recreation and Exercise; Living Conditions and Working Conditions. Miss Wilson closed her report by recommending that teaching units for two courses, one in personal hygiene, and one on exercise and games, be outlined.

Out of the Conference by members of State Boards it is to be hoped that a Federation of State Boards may grow which will be comparable to that of State Medical Boards which finds it profitable to meet annually with the Council on Medical Education of the American Medical Association.

The Protestant Hospital Association

The Protestant Hospital Association held its ninth annual convention in Atlantic City on the days immediately preceding the meeting of the American Hospital Association. Rev. J. H. Bauersfeind, D.D., of Chicago, presided at all sessions, and the meetings were characterized by an inspirational quality that is the special aim of this organization. Rev. Luther G. Reynolds of the Seattle General Hospital succeeds Rev. Bauersfeind as president, and Dr. B. A. Wilkes of the Missouri Baptist Hospital, St. Louis, becomes president-elect. Nurse speakers were Mary Miller, Presbyterian Hospital, Pittsburgh; May A. Middleton, Methodist Episcopal Hospital, Philadelphia; Miss Badger Bates, Women's Hospital, New York City; Martha Averd, Gloucester, Mass.; and Emily Loveridge, dean of nurse superintendents, who is superintendent of the Samaritan Hospital, Portland, Oregon.

A practical problem which came up for discussion at various times was: "Shall student nurses receive an allowance?" Nearly all of the hospitals represented give amounts, varying from $10 to $25 per month; a few charge tuition; 25 per cent of these present pay an allowance and also furnish books. There was distinct evidence of a tendency toward discontinuing allowances.

Another very practical discussion concerned the allowances for special nurses' meals. One hospital reported the payment of $1.50 per day directly to the nurse who was then responsible for securing her own food. A few reported reduction for specials. Practically all the hospitals collect from the patients for specials' meals, the amounts varying from $1.50 to $2.50 per day, the average being $1.50.

Dr. Malcolm MacEachern was the principal speaker at the annual banquet, held at the Traymore Hotel, with witty E. S. Gilmore as toastmaster. The topic was "Signs of the Times in Hospital Administration." On the subject of nursing, he emphasized the importance of schools being accredited and graduates being registered. Among the matters requiring scrutiny and improvement he enumerated: (1) type of student, (2) ratio of nurses to patients, (3) ratio of students to supervisors, (4) ratio of nurses to patients on night duty.

Some of Britain's distinguished delegates to the International Hospital Association were present. A moving appeal was made for a constructive use of the splendid record of such groups in promoting international understanding and universal peace.

The American Hospital Association

Atlantic City, June 17-21

Dr. Louis H. Burlingham, Barnes Hospital, St. Louis, is credited with having the Association appreciably advanced by a year of sound and forward-looking administration. Dr. Christopher Parnall, Rochester General Hospital, Rochester, N. Y., succeeds him as president, and Dr. Lewis A. Sexton, Hartford Hospital, Hartford, Conn., becomes president-elect. Jessie Trumbull of the Elizabeth Steele McGee Hospital, Pittsburgh, was elected second vice president, and Caroline Davis of Everett, Wash., is the new nurse member of the Board of Trustees.

From a nursing standpoint, the American Hospital Association meetings provided an

extraordinarily interesting setting for the National League of Nursing Education meetings and exhibits. The magnificent auditorium provided a splendid setting for the excellent educational and commercial exhibits, and much space was devoted to matters of particular interest to nurses.

The joint session with the National League of Nursing Education has been discussed elsewhere in this issue. The program planned by the Nursing Section of the American Hospital Association, of which Carrie M. Hall was chairman and Grace E. Allison secretary, attracted a large audience. Claribel Wheeler, of Washington University, St. Louis, and Bertha Allen, Newton Lower Falls, Mass., were elected chairman and secretary for the coming year.

The program was built on some fundamental concepts of nursing schools. Dr. Burgess presented some data on the splendid participation of schools in the first grading which are familiar to *Journal* readers. "What Constitutes the Faculty in a Nursing School!" was presented by Marion Rottman, of Bellevue, who defined the faculty as consisting of "all officers of the school who participate in nursing instruction and who have a share in determining the instruction to be offered. So defined, the faculty is a legislative body on curriculum matters as well as a teaching group," and "essentially the faculty is made up of the administrators and teachers of the nursing school and of the hospital training department." Miss Rottman plead for a proper adjustment of teaching loads and for salaries adjusted to the preparation of the individual for the particular position.

Margaret Tracy of the Yale School discussed the background of education and experience which may properly be expected of members of nursing school faculties. Basing her arguments on the needs of the women who practice nursing, and reminding her audience of the rapid shift of nursing from field to field, Miss Tracy stated that the nurse teacher should have a background of experience in as many as possible of the three main nursing fields. Miss Tracy advocated the case method as a preparation for private duty and urged the inclusion of experience with visiting nurse associations as a basis for public health nursing. "It would seem almost superfluous to state that our nurse teacher should have some training in teaching," said Miss Tracy. "We all of us know that comparatively few of those so engaged today have had adequate preparation in educational principles and practices." Comparing nursing schools with public schools and institutions of higher education, Miss Tracy clearly and forcibly plead for better preparation for our teachers giving as her ideal teacher "a graduate nurse with the personality which makes for successful teaching in any field, who has had definite training in educational principles and practice, either in a college or normal school, and sufficient practice in the various nursing fields to acquaint her with the problems which the nurse must face."

Ada Belle McCleery, in an able paper on "The Effect of the Rise in Educational Standards in Schools of Nursing," made a comparison of the announcements put out by certain schools in 1920 with those of the same schools in 1929. The change, of course, is startling. Commenting on the willingness of hospitals to meet raised educational standards, Miss McCleery stated that the secret of their willingness lies in the hospital's appreciation of the fact that raised standards mean more intelligent nursing service, and "Hospital and school each can credit the other with a sincerity equal to its own, and they may face the future by saying with Frederick K. Keppel, 'May each do his bit toward saving the best of the old, toward toning down the extravagance of the new, and finally toward the highly difficult job of fitting the two together.'"

Round-Table on Nursing

One of the series of "rapid fire" round-tables planned by E. S. Gilmore was that on Nursing, with Muriel Anscombe of the Jewish Hospital, St. Louis, as chairman. Claribel Wheeler of the Washington University School of Nursing summarized the discussion of the status of special duty nurses as follows:

1. The present status of the special duty nurse in the hospital is unsatisfactory.
2. There is lack of proper supervision and control of the worker, whose work as a result is often unsatisfactory to the patient, the physician and the hospital.
3. Hospitals are not entirely meeting their obligations to the special nurse in making adequate provisions for her comfort and well being.
4. The general dissatisfaction on both sides should lead to serious study of the situation and attempts to remedy it.
5. Group nursing may be one remedy in the solution of this problem.

"The Value of General Duty Nursing Service in the Hospital" was presented by Grace G. Grey of the Jewish Hospital, St. Louis. The value of such workers can be

very great indeed, said Miss Grey, citing an instance in which eleven out of a group of fifteen head nurses were formerly floor-duty nurses. The weaknesses, however, may be great also and were listed as follows:

1. Difficulty in procuring high-type nurses.
2. Lack of ethical concept on the part of many of these workers toward the hospital and the profession.
3. Variable methods of technic.
4. "Floaters."
5. Standard salary.
6. Lack of respect shown graduates.

Picking up their weaknesses, point by point, Miss Grey indicated that some of the difficulties are due to the type of training given and to the need for a changed attitude toward bedside nursing.

For Industrial Nurses

With the hearty cooperation of the National Safety Council, a luncheon meeting and round-table program have been arranged under the auspices of the Industrial Nursing Section of the National Organization for Public Health Nursing, during the 18th Annual Safety Congress to be held in Chicago, September 30-October 4, 1929. This meeting will take place on Wednesday, October 2, the subject being, "Plant Relationships to the Nursing Service." Experts in the field of personnel management, industrial medicine, foremanship, and safety engineering have been chosen to discuss the subject because of their extensive contact with nursing in industry.

National Association of Colored Graduate Nurses

The twenty-second annual meeting will be held in New York City, August 20-23, with headquarters at the Y. W. C. A., 179 West 137 Street, Carrie E. Bullock, President, presiding.

The program will be as follows:

August 20, 9 a. m., registration; 10.30, reports of committees; 11-12.30, Section on Postgraduate Education: "Need for Scholarship Funds," Belle Davis, Executive Secretary, National Health Circle; "The Scholarship Nurse Tells Her Story," Myrtle M. Patten, County Nurse, Maryland, Agar Bonner, School Nurse, Fort Valley, Ga., Mrs. E. Porter Phillips, Harlem Speedwell Unit.

1.30-4 p. m., "Administration and Planning in Hospitals," Lely G. Warlick, Superintendent of Nurses, Mercy Hospital, Philadelphia, presiding; "Supervision of Nurses," Charlotte E. May, Superintendent of Nurses, Freedmen's Hospital, Howard University; "Charting," Alice Gentry, City Hospital No. 2, St. Louis.

August 21, 9-10 a. m., reports of committees; 10-12.30, "How Welfare Agencies Are Working to Reduce the Negro Death Rate," Genevieve H. McKinney, Supervisor of Department of Health, presiding; Jennie S. Trezevant, Welfare Nurse, Columbia, S. C.; Alta Dixon, Director of Nurses, A. I. C. P., New York City; Jane Turner, Henry Phipps Institute, Philadelphia; Dr. Alonzo deG. Smith, Pediatrician, New York City.

12.30-1 p. m., Review of "Path-Finders," a history of the progress of the colored nurse, written by Mrs. Adah B. Thoms, Meta Pennock, Editor, *Trained Nurse and Hospital Review*.

1.15 p. m., Public Health luncheon, Marion J. Pettiford, Henry Street Visiting Nurse Service, presiding; "Adapting the Negro to a Public Health Program," Lillian D. Wald, Henry Street Visiting Nurse Service; Mary McManus, Bureau of Nursing, Department of Health; Dr. P. F. Anderson, Harlem Committee, New York Tuberculosis and Health Association; Dr. Reneze C. Brown, Washington, D. C.

4 p. m., tour of the Dunbar Garden Apartments. "Extra-curricula Activities," Gertrude Nicholas, Assistant Superintendent of Nurses, Mercy Hospital, Philadelphia; "General Planning," Hulda Little, Superintendent of Nurses, Hubbard Hospital, Meharry University. 4-6, Y. W. C. A., tea for delegates, served by Freedmen's Nurses Club of New York City.

8 p. m., public meeting, St. Mark's Church, Mabel Doyle Keaton, presiding; invocation, Rev. John W. Robinson; national hymn, dedicated to the National Association, by Mrs. Adah B. Thoms, Harlem Hospital Glee Club; addresses of welcome, Mayor James J. Walker; for Harlem citizens, Hon. Fred R. Moore; for North Harlem Medical Society, May E. Chinn, M.D.; for Local Nurses' Association, Jean Ready; president's address, Carrie E. Bullock.

August 22, 9-11 a. m., Executive Committee meeting; 11-1 p. m., "Discussion of the Problems of the Private Duty Nurse," Mrs. Adah B. Thoms, presiding; Alma Scott, American Nurses' Association; Mrs. Ruby Burke, Superintendent Dr. Vincent's Sanitarium, New York City; Jeanette O. May,

Detroit, Michigan; J. Ida Jiggetts, Social Service Director, St. Mark's M. E. Church, New York.

2-4 p. m., Hospital Instructors' Section at Lincoln Hospital; 4, The delegates will be guests of the Board of Managers Lincoln Hospital, School of Nurses.

August 23, 9-12 a. m., business meeting, election of officers; 2-4 p. m., tour of Presbyterian Hospital.

The International Catholic Guild

The International Catholic Guild for Nurses met in Montreal, July 5-6-7. The large attendance was fairly well divided between Sisters of many orders and secular nurses.

The program was composed of technical professional papers and those of an inspirational and spiritual nature. Father Garesché, the Spiritual Director and organizer of the Guild, again stated that the Guild is in no way in conflict with existing professional associations. He urged membership in the organization as an aid to those who aspire to leadership and to those in need of the spiritual aid which comes through association with those of similar aspirations.

The development of the spiritual aspects of nurses' lives was dwelt upon by Miss Gage, President of the International Council of Nurses at the closing banquet of the Guild. Miss Clayton, President of the American Nurses' Association, spoke of the growth of that Association, saying that the final steps in its organization had not been taken yet. She spoke of the participation of the members of the Guild in the professional activities of the American Nurses' Association and said: "We look to you to provide for the spiritual and social welfare of this (the Guild) group."

Miss. Chaptal, President elect of the International Council of Nurses, spoke briefly and made a nice distinction between the professional and the religious organizations, concluding with, "I have always believed that both Martha and Mary were important."

The chief business of the organization had to do with a revision of the constitution and by-laws. The name was changed to International Catholic Federation of Nurses but other proposed changes were referred to a committee. Agnes O'Halloran, Director of the Bureau of Nursing, Pennsylvania State Health Department, was elected president to succeed Lydia O'Shea who has been the friendly guiding spirit for several terms.

The papers were of uniformly high quality. Rev. Fortier, Professor of Sociology at Fordham University, urged the inclusion of medical social service in the programs of Catholic hospitals and at another session outlined the obvious need for courses in Sociology for nurses. Rev. Alphonse Schwitalla, Dean of the School of Medicine, St. Louis University and President of the Catholic Hospital Association, spoke clearly and forcefully on "University Relationships." Speaking of the opposition of poorly trained physicians to better educational facilities for nurses he deplored the selfish attitude of medicine which is tending to obstruct progress. He urged his hearers to "get behind the movement for university affiliation as strongly as possible" and forthrightly told his audience that the school *as a school* exists for the student and that from the standpoint of the school the patient was secondary, although of primary importance to the hospital. He advocated (1) a four year high school entrance requirement, (2) a curriculum that meets state standards and also those set forth in the curriculum of the N. L. N. E., (3) a curriculum acceptable to the university. He further believes that the curriculum should include a foundation of Catholic philosophy. Assuming that we have not yet nurses with the qualifications to direct nursing schools in Catholic universities, Father Schwitalla advocates putting persons who understand the universities in such positions for the time being, and he spoke feelingly of the difficulty of persuading Deans to see the educational value of nursing practice. Father Schwitalla outlined the several ways of planning a five-year course, inclining to the belief that it is best to give the professional training first and then to add the courses leading to a B.S. degree and including preparation for specialization in nursing.

Sister Helen Jarrell spoke convincingly on the success of a five-year program as demonstrated in the actual practice of the graduates.

John A. McNamara of *Modern Hospital*, in his admirable paper on "What the Community Owes the Nursing Profession," vigorously attacked many fallacies. He said: "Nurses have been educated for a definite career and it is now the obligation of society to see that they are given the opportunity to practice that career in a manner that will reflect credit upon both the hospital and the community." He quoted Father Seidenburg, of Loyola University, as having predicted that within a very short time two years of college work will be required of those entering schools of nursing. "We must not stint on education for this is the very life's blood of any career and the

profession of nursing cannot be anemic and yet perform real service." Nurses are not merely women in hospitals, said Mr. McNamara, many of them are engaged in some phase of public health work. A natural inclination plus a preliminary education plus competent nurse training are essential if nurses are to have the confidence of the public. Mr. McNamara closed by saying: "Let us face the facts and let every community and every citizen meet its obligation to the nursing profession—a better education for those whom we shall call upon in illness and distress."

"The Care of Ex-Service Men" was discussed by Mrs. Hickey of the United States Veterans' Bureau and by Annie J. Hartley of the Canadian Department of Pensions and Health.

Margaret Tracy gave a major paper on "The Relationship of the Curriculum to the Efficiency of the Nurse," which was based on studies made in the Yale School of Nursing and illustrated by slides. The essentials of this paper will be published later. Laura R. Logan, Chicago, discussed the work of the Grading Committee, Miss O'Halloran, the incoming president, discussed in vivid fashion the opportunities in Public Health Nursing.

One of the high lights of the meeting and a most profitable one was the Question Box conducted by Sister John Gabriel. For example, to the question, "What discipline should be used to make students attend classes?" she replied in part, "Give them a chance to attend, make the classes so interesting they will want to attend, then if they fail, deprive them of the privilege of taking examinations."

"Leadership" was the subject of able papers by Dr. Helen Reid and Sister John Gabriel.

Army Nurse Corps

During the month of June, 1920, orders were issued for the transfer of the following-named members of the Army Nurse Corps to the stations indicated: To William Beaumont General Hospital, El Paso, Texas, 2nd Lieuts. Violet Headland, Mary E. Northrop, Olive P. Shadle; to Station Hospital, Fort Benning, Ga., 2nd Lieuts. Nora G. Freeman, Katherine M. Walsh; to Station Hospital, Fort Eustis, Va., 2nd Lieut. Katharine M. Bomford; to Fitzsimons General Hospital, Denver, Colo., 2nd Lieut. Anna F. O'Donnell; to Fort Lewis, Wash., 2nd Lieuts. Grace Newcomer, Ella Norris; to Letterman General Hospital, San Francisco, Calif., 1st Lieut. Jessie M. Braden, 2nd Lieut. Mary A. Muldoon; to Station Hospital, Fort Sam Houston, Texas, 2nd Lieut. Marie Jodaeus; to Station Hospital, Fort Sill, Okla., 2nd Lieut. Anna G. Anderson; to Walter Reed General Hospital, Washington, D. C., 2nd Lieuts. Gertrude H. Lustig, Josephine H. Balester, Mary Jo Miller; to General Dispensary, New York City, 1st Lieut. Evelyn E. Mericle; to Philippine Department, 2nd Lieuts. Louise M. Valle, Lucile B. Bacchieri.

Nine have been admitted to the Corps as Second Lieutenants.

The following-named, previously reported separated from the Corps, have been reassigned with station as indicated: 2nd Lieuts. Ruth O. Olson, Anne K. Fitzgerd, Rhoda McCullough, to Letterman General Hospital, San Francisco, Calif.

The following-named are under orders for separation from the Corps: Mary F. Easton, Thelma A. Kissel, Ruth Hahn, Lillian Y. Green, Margaret E. Swearingen, Inez Estes, Katharine Carder, Edna M. Keller, Florence M. Thomas, Edith M. Fuhlman, Bessie G. Rapple.

Second Lieut. Eleanore M. Perbo, Army Nurse Corps, who has been in the service for quite a period of time, died at Letterman General Hospital, San Francisco, on June 5, 1920. She had an excellent record, and her death is very much regretted by the Medical Department.

JULIA C. STIMSON,
Major, Army Nurse Corps,
Superintendent.

Navy Nurse Corps

During the month of June, five nurses were appointed and assigned to duty.

Transfers: To Chelsea, Mass., Mary A. Kief; to Great Lakes, Ill., Sallie G. Wright, Dema V. Leopold, Ada Chew; to League Island, Pa., Henrietta Wilkins; to Mare Island, Calif., Faye E. White, Mary A. Sutley, Grace B. Vestal, Elizabeth Steiner; to Newport, R. I., Mabel G. Millin, Edith L. Stauffer, Beulah Taylor; to New York, N. Y., Alma G. Stinson, Katie M. Smith; to Pearl Harbor, T. H., Ida Brooks; to Quantico, Va., Eleanor Gallaher; to San Diego, Calif., Violet S. Gass, Chief Nurse, Helen C. Gavin, Gertrude Schneider, Martha E. Shoemaker, Margaret M. Aughivan; to U. S. S. Relief, Elizabeth L. Tapp, Chief Nurse, Bess Austin, Kathryn V. Sheahan, Pearl H. King, Irene Shelley; to Washington, D. C., Erna Dinnkamp, Beatrice A. Fahy, Katherine M. Leary.

The following promotion was made: Margaret M. Welsh, to Chief Nurse.

The following nurses have been separated from the Service: Vivian L. Carlson, Lois Dudon, Bertha E. Herold, Lillian V. Hennessey, Evelyn A. Jory, Esther Monroe, Bonita E. Reddington, Lena A. Koss.

J. BEATRICE BOWMAN,
Supt., Navy Nurse Corps.

U. S. Public Health Nursing Service

New Assignments: Five.

Transfers: To Detroit, Mich., Lela Williamson, Irene Bonney; to Ellis Island, N. Y., Mary Dill.

Reinstatement: Theresa Ryan.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

U. S. Veterans' Bureau

REPORT OF NURSING SERVICE

This Bureau has recently placed in operation three new hospitals: the Tucson Hospital, which has 201 beds and takes the place of the old hospital in Tucson, Ariz.; the new Portland Hospital, which has 313 beds, and made possible the closing of the old hospital at Portland; and also the hospital at Tacoma, Wash., which has been returned to the Indian Service. The new hospital at Fargo, N. Dak., which is a 57-bed hospital, is to be operated in conjunction with the regional office. Nurses will be needed later for the five new hospitals under construction: Hartford, Conn., Coatesville, Pa., Summit, N. J., Lincoln, Nebr., and Lexington, Ky., and at the hospital at Atlanta, Ga., now being rebuilt.

During the month of June, 1929, orders were issued for transfer of the following-named nurses: to Boise, Idaho, Lillian Hill; to Algiers, La., Rosie Stewart; to Kansas City, Mo., Blanche Newsom; to Lake City, Fla., Alline Thompson; to Castle Point, N. Y., Anna K. Hall; to Otten, N. C., Lois E. Simpson, Margaret Dewberry.

The following were reinstated: Mabel B. Farr, Sara Gamble, Rose L. Moll, Josephine McFarland, Lucy Hardwick, Lottie R. Radnor, Lillian Mobbs.

Twenty-six new assignments were made.

The following nurses have been separated from the Service: Helene M. Baker, Nell Pender, Marguerite Israel, Mary Baker, Inez Spurgeon, Frances G. Hixon, Anne Rife, Andrea Stillhower, Anna M. Ryan, Lottie Shute, Pauline Burtz, Ethel Grantham, Mertie Clutts, Thelma E. Frost, Irene Fischer, Marian Leahy, Florence Yeiter (died), Mary Fahenny, Delia Shanahan, I. Cammilla Nohlad, Esther Ericson, Gertrude Price (died—drowning), Louise Mahl, Mildred Jones, Marie C. Bourg, Margaret Berkman, Edna Kuhn, Celia Baltey, Katherine Mahaney, Anna K. Seery, Margaret Beckwith, Helen Groesbach, Vera Mitchell, Anna Kovic.

MARY A. HICKEY,
Supt. of Nurses, U. S. V. B.

Institutes and Special Courses

Wisconsin: AN INSTITUTE ON SUPERVISION was held at the University of Wisconsin, Madison, July 22-27, with lectures on "General Principles of Learning" by Professor Curtis Merriman; on "Principles of Teaching" by Delia Kibbe; on "Ward Management" by Gladys Sellew. Other subjects and speakers were: "Aims of the Educational Committee," Adda Eldredge, Chairman; "Faculty Conferences," Laura R. Logan, Chicago; "The Use of Graphic Charts in Planning the Student's Training," H. Lenore Bradley, Milwaukee; "Charting," Lorraine G. Deenhardt; "Social Service Values for the School of Nursing," and "Use of the Dispensary for Teaching," Alice A. Weston, University Hospital, Ann Arbor, Mich.; "Use of Intelligence Tests and Evaluation of Credits," C. A. Smith, Secretary of the Faculty, University of Wisconsin.

State Boards of Examiners

Arizona: At the last meeting of the ARIZONA STATE BOARD OF NURSE EXAMINERS, held at Douglas, June 8, a new ruling was made regarding the issuing of permits and applications for registration: No permits will be issued until the application for registration is in the office of the Secretary. Application for permit must be accompanied by the fee of $12-$10 for registration and $2 for permit, permit to be used pending the completion of application for registration.

District of Columbia: At a meeting of the NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA, held July 1, the following officers were appointed for the coming year: President, Mary M. Carmody, Children's Hospital, Washington; vice president, Catharine Moran, Gallinger Hospital, Washington;

executive secretary, Bertha E. McAfee, 1337 K. St., N. W., Washington.

Iowa: The next nurses' examination and Board meeting will be held at the Capitol Building, Des Moines, August 8, 9, 10, commencing at 9 a. m.

Kentucky: The President of the KENTUCKY STATE BOARD OF NURSE EXAMINERS is Alice Muriel Gagga, John N. Norton Memorial Hospital, Louisville.

Minnesota: Once again, the efforts of the Legislative Committee have met with success. At the April session of the Legislature, an amendment to the Law Governing Registration of Nurses was secured, which provides that applicants for examination, on and after September 1, 1929, shall have received an education equivalent to one year of high school; and on and after September, 1935, an education equivalent to two years of high school. Graduates who have had difficulty establishing registration by reciprocity will hail this achievement with delight.

Missouri: The MISSOURI STATE BOARD OF NURSE EXAMINERS will hold its next examination in St. Louis and Kansas City, September 18 and 19. Jannett Flanagan, Secretary.

Pennsylvania: The PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES will conduct an examination on September 21, 1929, in the following places: Philadelphia General Hospital, Philadelphia; Fifth Avenue High School, Pittsburgh; and possibly, Harrisburg Hospital, Harrisburg. Applications should be filed not later than September 1, with Mrs. Helene S. Herrmann, Secretary-Treasurer, Pennsylvania State Board of Examiners for Registration of Nurses, 812 Mechanics Trust Building, Harrisburg.

Texas: Julia C. Kasmeier has been appointed Educational Secretary for the Board of Nurse Examiners.

State Associations

California: The twenty-sixth annual convention of the CALIFORNIA STATE NURSES' ASSOCIATION was held in Sacramento, June 17 to 22. The State League of Nursing Education and the State Organization for Public Health Nursing likewise held their annual conventions. District 7, the Sacramento Nurses' Association, was the hostess district, and measured up in every way to the most gracious hospitality that could be accorded this large gathering of nurses, numbering 830. Sacramento has the proud distinction of having a most beautiful Memorial Auditorium built for convention purposes, with good hotel accommodations and other attractions often centered in a capitol city, making a most attractive setting in which to hold an annual conclave. The program was admirably arranged and full to overflowing of excellent and timely material and, despite the fact that three organizations were meeting at the same time, there was little overlapping or conflict. There were the usual business meetings, committee and section reports of the year's work. The reports of the districts showed growth and activity which accounts for the mounting membership of the State Association. The raising of the state's quota for the Memorial Fund for the Bordeaux School was reported by the Common Activities Committee as very nearly completed, and the amount sent to national headquarters. The action of the recent State Legislature in passing the bill proposed and sponsored by the California State Nurses' Association, to transfer $30,000 from the unexpended balance in the Nurse Registration Fund to the Regents of the University of California for the Chair of Nursing Education, completes an endowment of $100,000 for the purpose of nursing education in the University.

"Nursing of the Mentally Ill and the Place of the Nurse in a Mental Hygiene Program" was a theme which was evident throughout the four-days' program. The Private Duty Section presented a program bearing upon the problems of the day, such as the distribution of nurses in the private duty field and the trends in the operation of bureaus of nursing service together with demonstrations of technic in nursing. The League of Nursing Education presented topics in clinical instruction as: Case Work, Coöperation between Faculty and Staff, Bedside Clinics, Grading Practice Nursing, and other kindred topics which were given in the form of carefully-and-well-thought-out papers. The State Organization for Public Health Nursing showed the coöperation of a field nursing department in the training of the student nurse by means of a demonstration in the field of maternity nursing, as part of an excellent program. Apparently everyone went home feeling it all had been very worth while and most grateful to the Sacramento nurses for their splendid teamwork in making this twenty-sixth annual conclave so brilliant a success.

Officers elected are: State Association, President, D. Dean Urch, Highland Hospital, Oakland; secretary, Ruth V. Wheelock, Community Hospital, Riverside; treasurer, Ruth Gustafson, San Francisco Hospital, San Francisco. State League of Nursing Education: President, Mary M. Pickering, University of California, Berkeley; secretary, Nellie M. Porter, 819 Associated Realty Building, Los Angeles.

District of Columbia: At the annual meeting of the DISTRICT OF COLUMBIA LEAGUE OF NURSING EDUCATION, held on May 23, the following officers were elected: President, Janet Fish; Emergency Hospital, Washington; secretary and treasurer, Bessie Smithson, Sibley Hospital, Washington.

Indiana: Eugenia Kennedy, St. Vincent's Hospital, Indianapolis, has been appointed educational director for the State Board of Examination and Registration (office, 413 State House, Indianapolis), and executive secretary for the Indiana State Nurses' Association (office, 309 Traction Terminal Building, Indianapolis). Rosetta M. Graves, Terre Haute, is vice-president of the Indiana League of Nursing Education.

Kentucky: The KENTUCKY STATE ASSOCIATION OF REGISTERED NURSES held its annual convention in Frankfort, June 6–8, when the following officers were elected: President, Sue Parker, Lexington; vice presidents, Emma Lou Conway, Louisville, and Edna Rheinstedler, Louisville; recording secretary, L. May Hicks, Louisville; corresponding secretary, Mrs. Florence McClelland, Louisville; treasurer, Lulu Van Diver, Lexington. Chairmen of committees are: Ways and Means, Agnes O'Rourke; Press and Publication, Edna Houston; Credential, Anna Ryan; Nominating, Anna Lockhart; Arrangements, Lake Johnson; Program, Virginia Martin.

Louisiana: The annual meeting of the LOUISIANA STATE NURSES' ASSOCIATION will be held November 5–7, at the Jung Hotel in New Orleans. The Advisory Board will meet November 4 at 9 a. m., and the Board of Directors at 11 a. m. The Silver Jubilee celebration will be on November 6. Charter members are asked to write Mrs. Clara C. McDonald, 3020 Toledano Street, New Orleans.

New Jersey: Gertrude Watson, Secretary of the NEW JERSEY STATE NURSES' ASSOCIATION, has resigned from this office, and Mrs. Elizabeth Biles, 215 Johnston Avenue, Trenton, has been appointed to fill her unexpired term.

Pennsylvania: The GRADUATE NURSES' ASSOCIATION OF THE STATE OF PENNSYLVANIA will hold its twenty-seventh annual convention, in joint session with the Pennsylvania State League of Nursing Education and the Pennsylvania State Organization for Public Health Nursing, at the Yorktowne Hotel, York, October 21–25. The business meeting will begin at 9 a. m., on Monday, October 21. The formal opening will be at 8 p. m., with Esther J. Tinsley presiding. A presidential address will be given by Esther J. Tinsley; there will also be addresses by Mary A. Rothrock, President, Pennsylvania State League of Nursing Education, and Helen Mar Erskine, President, Pennsylvania State Organization for Public Health Nursing. Dr. Leon C. Prince of Dickinson Seminary will be the speaker of the evening.

The first three days of the convention will be taken up by sessions of the Graduate Nurses' Association. On Tuesday there will be a Red Cross Hour, Mrs. John E. Roth, State Chairman, presiding. Elizabeth G. Fox, National Director, Public Health Nursing Service, American Red Cross, Washington, D. C., has been invited to speak on the subject of "The Nurse in Disaster." Dr. Danum B. Pfieffer will be the speaker of the evening, selecting as his subject, "Control of Cancer."

On Wednesday, from 10.30 a. m., through the remainder of the day, the Private Duty Section will hold its business meeting, Katherine E. V. Hope, Chairman, presiding. The morning session will be occupied with business, followed by a luncheon, at which Margaret A. Dunlop, Pennsylvania Hospital, Philadelphia, will speak. A question box, conducted by Mrs. Helene S. Herrmann will be an interesting feature of the afternoon session; official directories will also be discussed, and Ella B. Sinsebox will present the outline of the type of organization found so successful in Buffalo, N. Y. Julia P. Wilkinson, Field Secretary of the American Nurses' Association, will also speak. The evening meeting will be the banquet, starting at 7.30 p. m., with Esther J. Tinsley presiding. Addresses will be made by S. M. R. O'Hara, Deputy Attorney General, Commonwealth of Pennsylvania, and Mary M. Roberts, Editor, *American Journal of Nursing*.

On Thursday, October 24, the convention will be given over entirely to the Pennsylvania State Organization for Public Health Nursing. The regular business session will begin at 9 a. m., Helen Mar Erskine, President, presiding. From 10 a. m. to noon, Dr. Harry Read will preside. The speaker of

the morning will be Elisabeth F. Miller, Nursing Consultant, State Department of Welfare, Harrisburg, on "The Responsibility of the Public Health Nurse to Tuberculosis Patients in Connection with Sanatorium Care."

There will be three luncheons between 12.15 and 2.15. The Lay Section luncheon, with Anna M. L. Huber presiding, will have as speakers Katharine Tucker, Director, National Organization for Public Health Nursing, and Mrs. Cross. At the School Nurses' luncheon, Mrs. Lois Owen, Supervisor of School Nursing, presiding, speakers will be Mary Hubbier, on "What Constitutes a School Health Program?"; Florence Gleits, Director, Home Economics Department of the local high school, on "Place of the School Nurse in a Home Economics Department," and Emma J. Hiester, Reading. The third luncheon, a general one, Winifred Moore, presiding, will have as its subject, "The Value of Student Affiliation in Public Health Nursing," with the following speakers: "School of Nursing Responsibility in the Affiliation," Florence Ambler, Education Director, Philadelphia General Hospital; "Public Health Nursing Organization's Responsibility in the Affiliation," Harriet Frost, Supervisor, Department of Public Health Nursing, Pennsylvania School of Social and Health Work, Philadelphia; "State Board of Nurses' Appraisal of Affiliation," Mrs. Helene S. Herrmann, Secretary-Treasurer, Pennsylvania State Board of Examiners for Registration of Nurses.

The afternoon session will begin at 2.30 p. m. The following speakers will fill the afternoon session: Dr. Frederick Allen, "Child Guidance Clinic"; Anna B. Pratt, "School Counselling"; Dr. Allan Jackson, "The Nurse and the Mental Patient"; Katharine Tucker, subject to be announced.

The evening session will begin at 8 p. m., Helen Mar Erskine presiding. Dr. J. Frank Small, Director of Public Health, York, will greet the delegates, and then introduce Edward T. Devine, whose subject will be "The Right to *Life*."

Friday, October 25, will be given over to the Pennsylvania State League of Nursing Education. The morning session will be taken up with reports of committees and the business session of the League, with Mary A. Rothrock presiding. An address will be given by Mrs. Helene S. Herrmann. There will also be reports from the Educational Advisors of the Pennsylvania State Board of Examiners. The afternoon speakers will be Susan C. Francis, on "The Work of the Grading Committee"; Carolyn Gray, on "Problems and Management of Ward Teaching"; Dr. May Ayres Burgess, Director, Committee on the Grading of Nursing Schools, has also been invited to speak.

The speaker of the evening will be Dr. C. E. A. Winslow. His topic will be "The Relation of the Nurse to the Community."

Nurses are requested to make their reservations early, and directly with the manager of the Yorktowne Hotel, Frank W. Trout.

Rhode Island: The RHODE ISLAND STATE NURSES' ASSOCIATION, RHODE ISLAND LEAGUE OF NURSING EDUCATION, and RHODE ISLAND STATE ORGANIZATION FOR PUBLIC HEALTH NURSING held a joint meeting, on June 27, at the Newport Hospital with an attendance of more than one hundred members. Wilma Chapin, delegate to the convention of the National League of Nursing Education, reported the meetings at Atlantic City.

South Dakota: The thirteenth annual convention of the SOUTH DAKOTA STATE NURSES' ASSOCIATION was held in Huron, June 3-5, with headquarters at the Marvin Hughitt Hotel.

Monday morning was devoted to registration and board meeting. A general session was held in the afternoon, with the following program: Address of welcome, Mayor Medbury; response, Belle Anderson, Watertown; address on "Progress," President Florence Walker, Wessay. The latter part of the afternoon was given over to the Private Duty Section, which presented the following topics: "Communicable Diseases," Dr. H. W. Saxton, Huron; "The Nurse's View-Point," Elnora Magnuson, Huron; "What the Laity Should Expect of the Private Duty Nurse," Mrs. H. H. Holdridge, Madison. All were delightfully entertained at the Huron Country Club in the evening.

Tuesday morning there was a business session at 8.30. At 9.30 the Public Health Section presented the following speakers: Mrs. Elsbeth Vaughan, Director of Nursing, Mid-western Branch of the American Red Cross, "Self-Improvement"; Bessie Nicholl, Field Representative of the Red Cross, "Home Hygiene"; William Olsen, Huron, "Camp Wenzer"; Hermida Demas, Huron, "School Nursing." The afternoon session was in the form of a business meeting and election of officers. The following officers were elected: President, Florence Walker, Wessay; vice presidents, Mrs. Elizabeth Spitzer, Rapid City, and Leslie Stickney, Faulkton; corresponding secretary, Agnes Thompson, Madison; recording secretary, Mrs. Minnie Smith,

Hot Springs; treasurer, Beth Olson, Mitchell; auditor, Sister Juliana, Yankton.

Tuesday evening a very lovely banquet was given at the Marvin Hughitt Hotel.

Wednesday morning, the Nursing Education Section had its meeting, and presented the following program: "State Registration Requirements for Nurses," Anna Olson, Webster; "Effects of the Grading Committee Report on Schools of Nursing," Ruby Omodt, Watertown; "The Law and the Nurse," J. T. McCullen, Huron.

On Wednesday afternoon a general session was held with the following program: "Focal Infection," Dr. C. K. Walker, Huron; "Adventures with a County Superintendent," Dr. Margaret Koenig, Child Hygiene Department of the State Board of Health; illustrated talk, "Navy Nursing," Miss Davis, Navy Nurse Corps. The convention was brought to a close after a short business meeting.

Virginia: The twenty-ninth annual meeting of the GRADUATE NURSES' ASSOCIATION OF VIRGINIA was held at Staunton, May 24–26, with headquarters at the Stonewall Jackson Hotel. Blanche Webb presided at the request of Virginia Thacker, President. Association business and the reports of the various committees occupied most of the morning. There was time, however, for a very interesting paper, "Tuberculosis among Nurses," by Louise Powell of Staunton. Luncheon was served at the Stonewall Jackson Country Club.

Miss Harlan presided at the afternoon session, which was made quite interesting and instructive by "A Lecture and Clinic on Mental Diseases," by Dr. DeJarnette, Superintendent of the Western State Hospital, and the following papers: "The Development of Office Nursing," by Anne Martin of Roanoke; "The Resident Nurse in Schools and Colleges," by Miss Brugden of Bristol; and "Experiences in the Porto Rico Disaster," by Ruth Atkins of Richmond. Janet Geister of New York followed, with a very entertaining talk on "Nurses' Registries." A reception and tea at King's Daughters' Hospital ended the afternoon program.

The Alumnae Dinner was given in the ballroom of the Stonewall Jackson, with Emma Fortune presiding. Reports of the different Alumnae Associations were given. For general amusement there was staged a mock meeting of the Board of Directors, each member being impersonated by a member of her own nursing staff. Following the dinner three very interesting addresses were given. They were: "The Southern Division of the A. N. A.," by Jane Van De Vrede, of Georgia; "What Can I Do about Nursing Problems?" by Janet Geister; and "The Present Trend of Public Health," by Dr. William De Kleine, of the American Red Cross.

The second morning session was opened by Miss Thacker. Monica Moore of Baltimore gave a very interesting talk on "Where We Might Coöperate." William Hall of Staunton followed with a very enlightening talk on "The Harmon Association Retirement Income Annuities Plan, and Its Relation to Nurses." Addresses were given: one, "Maternity Nursing," by Hazel Corbin, and another by Elma Reed on "Educational Possibilities in the Nurse's Inspection of the School Child." Then came a short discussion on "Social Work and Public Health," led by Miss Knochone, and the reports of the round table discussions of the Educational and Private Duty Nurses' sections. The final business meeting followed.

The afternoon was reserved for pleasure entirely and included a motor trip through beautiful Goshen Pass, with supper at Heavenly Hollow, the home of Ethel Smith.

The third day was devoted entirely to the Public Health Section.

At the business meeting, the following officers were appointed for the coming year: President, Virginia Thacker, Roanoke; vice presidents, Blanche Webb, Norfolk, and Minnie Parker, Norfolk; secretary, Mary O. Stilwell, Roanoke; treasurer, Mrs. Jessie Faris, Richmond. Louise M. Oates was elected a member of the Board of Directors. The following new members were placed on the Red Cross Committees: Martha Staton, to the Norfolk Section; Mrs. Harmeling, Bristol, to the Roanoke Section.

Washington: The WASHINGTON LEAGUE OF NURSING EDUCATION held its annual meeting June 7, and elected officers for the coming year. Those elected were: Ella Gantz, Spokane, vice president; Lucille Baer, Contagious Hospital, Tacoma, secretary; Anna Fraser, Virginia Mason Hospital, Seattle, director.

The twenty-fourth annual convention of the GRADUATE NURSES' ASSOCIATION was held in Seattle, June 6–8. Addresses of welcome were given by the Mayor of Seattle, Mr. Edwards, and by Dr. Brien T. King; the responses by Frances Norquist, President of District 2, and Margaret Cassidy for the State Association. The Proceedings are being printed in *The Bulletin*. The address of

Headquarters has been changed to 327 Cobb Building, Seattle.

West Virginia: The twenty-third annual meeting of the WEST VIRGINIA STATE NURSES' ASSOCIATION will be held September 26-28, at the Hotel West Virginia, Bluefield. The program is being arranged and a detailed account will be given in the September issue of the *Journal*.

District and Alumnae News

Arizona: Phoenix.—DISTRICT 1 has elected the following officers: President, Mrs. Clarice Hamer; vice presidents, Mrs. Mae Bilting, Mrs. Julia Holm; secretary, Margaret Minson; treasurer, Mrs. Mildred P. Fulkerson; parliamentarian, Bertha Case.

Illinois: Chicago.—The Board of Directors of the Illinois Training School has granted a leave of absence to Gladys Sellew, in order that she may reorganize the Department of Nursing Education of the Children's Memorial Hospital of Chicago.

Indiana: Richmond.—The Alumnae of the REED MEMORIAL HOSPITAL held its annual home-coming in the new Nurses' Home on June 20. **Lafayette.**—LAFAYETTE HOME HOSPITAL held graduation exercises for a class of ten on June 7. Rev. E. J. Smith gave the address.

Iowa: Carroll.—The ALUMNAE ASSOCIATION OF ST. ANTHONY HOSPITAL held a meeting, on June 5, at which Sister Cecilia gave a short but interesting talk. Letters and greetings from absent members were read. It was decided to send a contribution to the fund for the Bordeaux School, France. Officers elected are: President, Mrs. Mary Bernard Hess; vice president, Regina Beisch; secretary, Martha Dobberstein; treasurer, Mrs. Harriet Allen Neu. Commencement exercises for the School of Nursing were held in the evening in the Nurses' Home. Rev. Robert B. Condon gave an address to the class of thirteen members.

Kansas: Topeka.—The annual meeting of the CHRIST HOSPITAL ALUMNAE ASSOCIATION was held June 4. The following officers were elected: President, Martha Keaton; vice presidents, Clara Weeche, Florence Flora; secretary, Ann Larsen; treasurer, Lulu May Dobbins.

Kentucky: Louisville.—The LOUISVILLE UNIT OF OVERSEAS WOMEN is planning a luncheon to be given during the National Convention of the American Legion, at the Pendennis Club, Wednesday, October 2, and the price per plate will be $1.50. Please send reservations to Margaret Blackburn, Willow Terrace Apts. The Unit is also planning a tea to be given on Sunday afternoon to greet the visitors who are attending the convention. The place and hour of the tea will be announced later.

Louisiana: Shreveport.—CHARITY HOSPITAL held graduating exercises for a class of fifteen on May 3, in the Nurses' Home. The address was given by Dean R. E. Smith.

Massachusetts: Waverly.—The MCLEAN HOSPITAL NURSES' ALUMNI ASSOCIATION held its annual meeting and reunion at the hospital, on June 27, with about three hundred present. The Committee on Nurses' Relief Fund reported that the McLean Hospital Nurses' Relief Fund, which is three years old, has passed the $1,000 mark.

New Hampshire: Nashua.—The annual meeting of the ST. JOSEPH'S ALUMNAE ASSOCIATION was held, June 3, at the Nashua Country Club. A large number of members were present. The newly elected officers are: President, Mrs. Mary Dugnan; vice presidents, Mrs. Margaret Fraser, Mrs. Lena Carrier; secretary, Kathryn Fitzgerald; treasurer, Mrs. Loretto Mahn. Margaret Riley, from the Massachusetts General Hospital, gave an interesting talk on "The Normal Skin and Hair."

New York: Binghamton.—Twenty-five members of DISTRICT 5, from four counties, were present at a meeting held July 1 at the Spinning Wheel. Twenty nurses from the District attended the International Meeting in Montreal. **Flushing.**—Four alumnae of the Metropolitan Hospital attended the International Meeting in Montreal. **Plattsburgh.**—The PHYSICIANS' HOSPITAL held graduation exercises for a class of fifteen, on June 28, at the Hospital.

North Carolina: Asheville.—DISTRICT 1 met on June 12 at the Nurses' Club, with the President, Luella Christenson, presiding. Mary P. Laxton, President of the State Association, gave a most interesting talk on "Organization."

North Dakota: Grand Forks.—ST. MICHAEL'S HOSPITAL recently graduated a class of five.

Ohio: Cleveland.—DISTRICT 4 raised $708 of its quota for the Bordeaux Fund by a delightful social evening. This makes Ohio's

contribution, $710 which is $200 above the amount allotted.

Pennsylvania: Ashland.—The ASHLAND STATE HOSPITAL ALUMNAE ASSOCIATION held its regular meeting at the Nurses' Home, June 12, Mary Kurchinsky, President, presiding. A motion was made that the Association furnish the books for the reference library of the new nurses' home now under construction. **Lebanon.**—DISTRICT 2 held its regular meeting, May 16, at the Weiner Hotel. A very instructive and enthusiastic program was arranged. S. Lillian Clayton, President of the A. N. A., was the guest of honor, and gave a talk on "Nursing and Its Problems." **Philadelphia.**—The ALUMNAE ASSOCIATION OF THE TRAINING SCHOOL FOR NURSES OF THE METHODIST EPISCOPAL HOSPITAL held its annual meeting on June 6, with about forty members present. The following officers were elected: President, Stella Mummert; vice presidents, Catherine Bamford, Mary Straughan, Carrie Wickey; recording secretary, May Sandel; corresponding secretary, Gertrude Hinkel; director of endowed room, Margaret Fowler.

Tennessee: Memphis.—At the commencement exercises of the University of Tennessee, held in the Memphis Auditorium, June 10, nineteen nurses graduated from the MEMPHIS GENERAL HOSPITAL, one having also the university degree.

Virginia: Staunton.—Commencement exercises for the class of 1929, KING'S DAUGHTERS' HOSPITAL, were held on May 23, with an address by Dr. Guy R. Fisher.

West Virginia: Bluefield.—The graduates of the BLUEFIELD SANITARIUM SCHOOL FOR NURSES met in February for the purpose of organizing an alumnae association. Much enthusiasm was shown by all present.

Too Late for Classification

North Carolina: The NORTH CAROLINA STATE ASSOCIATION will hold its annual meeting at the Seashore Hotel, Wrightsville Beach, Wilmington, August 28-30.

Deaths

Charlotte P. Barker (graduate of Broad Street Hospital, Oneida, N. Y.), in Syracuse, N. Y., June 21. Miss Barker was a member of the first class to graduate from her school, and she had been a practicing nurse until an illness forced her to retire four years ago. She was a member of the Nurses' Alumnae Association.

Dorothy Dayton (class of 1914, F. F Thompson Hospital, Canandaigua, N. Y.), on February 23, at the Sanitarium and Clinic, Clifton Springs, N. Y., after three years of illness bravely borne. Miss Dayton was connected with the Thompson Hospital at various times in different capacities—private duty, as head nurse, in charge of the operating room; with the Crouse-Irving Hospital in Syracuse as night superintendent; with the Clifton Springs Sanitarium and Clinic in care of the operating room and in private work, especially surgical nursing. She was a member of the Genesee Valley Nurses Association and the American Red Cross. It was characteristic of Miss Dayton to seek every opportunity for improvement, both in the science and in the art, of nursing. She loved her profession and gave to it the best that was in her. A competent observer has written: "I keep thinking of the exquisite touch and finish with which she did her work." Vivacious but self-controlled, cordial but dignified, "decided but not rash," with an ever-governing sense of responsibility and a readiness of adaptation to persons and conditions, she had a natural winning manner and was as ready to coöperate as to accept full charge of a situation. Her strong natural affections took the direction of thoughtfulness for others. She lived in and for her friendships. The many expressions called forth by her death have a common note recognizing this deep-seated passion to do for those whom she loved.

Minnie Epstein (graduate of St. Mark's Hospital, New York), on June 8, at Saranac Lake. Miss Epstein, a most faithful member of her Alumnae Association, of necessity could not remain long in New York City, but were she north, east, south or west, for long or short intervals, she was loyal to her Association, retaining her membership from the year she was initiated, always giving of herself and material benefits to others. One of her last acts of goodness was visiting one of the young members at Trudeau Sanitarium, obtaining interviews with physicians in charge, solicitous of her welfare and sending reports to her hospital and alumnae, advising her of the value of health and giving cheer and courage, by her own example, to face life as it is. Her spirit of service will live and be carried on by her sister members.

Mary King (class of 1922, Baptist Memorial Hospital, Memphis, Tenn.), on June 9, in an

automobile accident in Memphis. Miss King was an office nurse and an anaesthetist.

Katharine Rothwell (class of 1905, Columbia and Children's Hospitals, Washington, D. C.), on June 1. After graduating, Miss Rothwell was in charge of the operating room, Columbia Hospital; Superintendent of the Episcopal Eye, Ear and Throat Hospital, Washington, D. C.; and later opened a new hospital and started a training school in Winston Salem, N. C., where she was superintendent for eight years. When she left there she was Superintendent of Sheppard and Pratt Hospital, Baltimore, Md., for three years. She later took charge of reconstruction work at St. Elizabeth Hospital, Washington, D. C., and was Superintendent of the New Rochelle Hospital. After this she organized and opened industrial clinics for the Gotham Manufacturing Company in Philadelphia, and had been in charge there for the past five years.

William Van Hoesen (a member of the first class of the Mills Training School, Bellevue Hospital), on June 26. Mr. Van Hoesen was Honorary President of his Alumnae Association, and was for many years its Treasurer. His associates heard of his death with deep regret. Burial was at Catskill, N. Y.

Pearl Wood (graduate of a school in Lincoln, Neb.), in an automobile accident at Memphis, Tenn., on June 9. Miss Wood had served overseas with Base Hospital 15, and since her return had given anaesthetics.

A Nurse's Prayer

VIRGINIA D. HOMANS.

O LORD, my God, I dedicate, for Thine own sake,
Myself, to Thee for this great work I undertake.
Take, then, mine eyes and teach them how to see
The clearest way to nurse the sick for Thee;
My hands—guard them and show them how to prove
How kind and gentle is a nurse's love.
Guide Thou my feet—give swiftness to their tread
In answering every call from the poor sufferer's bed.
Touch Thou my lips, guard Thou my tongue,
Uttering only words of kindness to each one.
Gird me with strength that I my task may bear—
Help me to play the part in life without a fear.

O Lord, I pray, that coming face to face with death
I may have faith and hope with each one's dying breath;
And when I am a night nurse, please to guide
My actions—be near my patients and watch by my side.

O Lord, I ask Thee, hear me while I pray—
Be in me—through me—with me—all the way.

Written by a Student Nurse of
St. John's Hospital School of Nursing, Brooklyn, N. Y.

About Books

EYE, EAR, NOSE AND THROAT NURSING. By Abby-Helen Denison, R.N. 275 pages. Illustrated. The Macmillan Company, New York. Price, $3.

ABBY-HELEN DENISON, Instructor at the Massachusetts Eye and Ear Infirmary, has written this book because she felt the need of such a text in her teaching of this subject. It is a very timely book, as there is none other written on eye, ear, nose and throat nursing from a nurse's point of view.

The subject is logically organized and clearly presented and because of its free use of marginal headings lends itself readily as a reference book, though written primarily as a text on eye, ear, nose and throat nursing. The text is well illustrated with diagrams, drawings and pictures showing the anatomy of the particular organs, surgical set-ups and supplies. Illustrations showing the technic of such procedures as instillation of drops, or of irrigations, would have enhanced the value of the very clear description of these procedures.

Almost the first half of the book is devoted to the eye and the rest to the ear, nose and throat, with a final chapter on social service headed, "The Function of a Social Service Department in a Specialized Hospital." Each section begins with a chapter on the anatomy and physiology of the organs involved, then follows one on the drugs and solutions used in that department. Other chapters discuss operations, infections and complications, pre- and post-operative nursing care, and the nurse's duties in an out-patient department.

Emphasis is placed on dangers and precautions. For instance, in Chapter III, the method of the Massachusetts Eye and Ear Infirmary to prevent mistakes in the use of eye drops is described. Medicine droppers with various colored stoppers are used—black for antiseptics; red and white droppers, respectively, for drugs which dilate or contract the pupil.

Since the procedures described by Miss Denison are those approved by a particular group of physicians, the students' attention should be called to the fact that there may be other methods preferred by the leading specialists of other hospitals.

Those schools depending largely upon lectures by specialists for the teaching in theory in this subject will find this book an invaluable supplementary text. In fact, it is equally good as a text or as a reference book and should be in every nursing school library.

BERTHA G. WILSON, B.S., R.N.
Chicago.

Books Received

THE MEDICAL DEPARTMENT OF THE UNITED STATES ARMY IN THE WORLD WAR. Volume III, Finance and Supply. Prepared under the direction of Maj.-Gen. W. W. Ireland, The Surgeon General, by Col. Edwin P. Wolfe, M.C. Illustrated. 935 pages. U. S. Government Printing Office, Washington.

METHODS AND PROBLEMS OF MEDICAL EDUCATION. Twelfth edition. Illustrated. 439 pages. The Rockefeller Foundation, New York.

Books You Will Enjoy

ISABEL ELY LORD

ERNEST DIMNET'S *Art of Thinking* (Simon & Schuster, $1) has had an extraordinary sale, and one wonders if that of John Dewey's good old *How We Think* has been stimulated thereby. It is a harder nut to crack, but not too hard for the "average intelligence."

M. R. Werner's *Bryan* (Harcourt, $3.50) is nothing like as interesting as his *Barnum*, but gives valuable data of the story of one of the most influential Americans of our time. One longs for a better explanation than Mr. Werner finds for the power of the "Great Commoner." He and Roosevelt, so different as to background, education, intellectual development, and beliefs, were so alike in certain ways that one feels that by analysis one should be able to find what made them of so great influence.

Hows and Whys of Human Behavior is George A. Dorsey's sequel to *Why We Behave Like Human Beings*, and is well worth reading. It should be taken in conjunction with some of the recent good books on heredity, like Altenburg's, noted last month. It is, of course, easy reading. (Harper, $3.50.)

That people like satire is proved by the popularity of Anne Parrish's *All Kneeling*, the picture of an entirely self-centred and adored maid, wife, and mother. The book is in some ways slighter than others of hers, but both amusing and interesting. (Harper.)

It may seem strange that Warwick Deeping has again chosen a hotel "boots" for his hero in *Old Pybus*, as he did in *Sorrell and Son*, but this one differs from Sorrell quite enough to make the repetition forgivable. Indeed, no one who read the earlier book will wish to miss this one. Old Pybus is fine. (Knopf.)

If you are looking for a "modernistic" novel that does not leave an unpleasant taste in the mouth, try Nathalie Sedgwick Colby's *A Man Can Build a House* (Harcourt). The delineation of Peter T. Kaufman, the purveyor of clothing for women at his shop "two doors from Fifth Avenue," is an admirable piece of work, and so is that of his foolish, luxury-loving wife.

Hill Country, by Ramsey Benson, is one more contribution to the study of American development. The Hill is "Jim," of railroad fame, who does not appear directly, but in his influence. The story is primarily that of a second-generation American of Swedish origin. (Stokes.)

Mamba's Daughters you must not fail to read. DuBose Heyward is one of the colored race who knows how to face the problems of his people without bitterness, and to show life as it is. It is a moving tale. (Doubleday.)

Good Poetry Anthologies

The Oxford Book of Verse (English, American, English Mystical, French, Spanish).
Gautier, Judith. *Chinese Lyrics from the Book of Jade.*
Untermeyer, Louis. *Modern American Poetry.*
Lucas, E. V. *The Open Road.*
Wells, Carolyn. *Nonsense Anthology.*
Wells, Carolyn. *Parody Anthology.*

Official Directory

International Council of Nurses.—Sec., Christiane Reimann, 14 Quai des Eaux Vives, Geneva, Switzerland.

The American Journal of Nursing Company.—Offices, 370 Seventh Ave., New York.—Pres., Bessie M. Henderson, Milwaukee Children's Hospital, Milwaukee, Wis. Sec., Stella Goostray, Children's Hospital, Boston. Treas., Mary M. Riddle, care American Journal of Nursing, New York, N. Y. Elsie M. Lawler, Baltimore; Sally Johnson, Boston; Mrs. Elsbeth Vaughan, St. Louis; Elizabeth G. Fox, Washington, D. C.

Committee on the Grading of Nursing Schools.—Director, May Ayres Burgess, Ph.D., 370 Seventh Ave., New York.

The American Nurses' Association.—Headquarters, 370 Seventh Ave., New York. Pres., S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Sec., Susan C. Francis, Children's Hospital, Philadelphia, Pa. Treas., Jessie E. Catten, New England Hospital for Women and Children, Dimock St., Boston 19, Mass. Headquarters Dir., Janet M. Geister, 370 Seventh Ave., New York. Sections: Private Duty, Chairman, Anna C. Gladwin, 266 E. Voris St., Akron, O. Mental Hygiene, Chairman, Ella J. Taylor, New Haven Hospital, New Haven, Conn. Legislation, Chairman, Josephine E. Thurlow, Cambridge Hospital, Cambridge, Mass. Government Nursing Service, Chairman, Elinor D. Gregg, Bureau of Indian Affairs, Dept. of the Interior, Washington, D. C. Relief Fund Committee, Chairman, Carrie M. Hall, Peter Bent Brigham Hospital, Boston. Revision Committee, Chairman, Marie Louis, Muhlenberg Hospital, Plainfield, N. J.

The National League of Nursing Education.—Headquarters, 370 Seventh Ave., New York. Pres., Elizabeth C. Burgess, Teachers College, New York. Sec., Stella Goostray, Children's Hospital, Boston. Treas., Marian Bettman, Bellevue Hospital, New York. Ex. sec., Nina D. Gage, 370 Seventh Ave., New York.

The National Organization for Public Health Nursing.—Pres., Mrs. Anne L. Hanson, 181 Franklin St., Buffalo, N. Y. Director, Katherine Tucker, 370 Seventh Ave., New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Sec., Katherine DuWitt, 370 Seventh Ave., New York.

New England Division, American Nurses' Association.—Pres., Edith Soule, State Dept. of Health, Augusta, Maine. Sec., Elizabeth Van Patten, 35 Elm St., New Haven, Conn.

Middle Atlantic Division.—Pres., Jane E. Nash, Church Home, Baltimore, Md. Sec., Marion Durell, City Hosp., New York.

Mid-West Division.—Pres., Mabel Dunlap, Moline, Ill. Acting Sec., Eugenia Kennedy, 300 Traction Terminal Bldg., Indianapolis, Ind.

Northwestern Division.—Pres., E. Augusta Arim, Deaconess Hospital, Great Falls, Mont. Sec., Flora Kerlee, State Hospital, Warm Springs, Mont.

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Indian Bureau.—Supervisor of Nurses, Elinor D. Gregg, Office of the Medical Director, Bureau of Indian Affairs, Dept. of the Interior, Washington, D. C.

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